NEPAL 2016 Consolidated Emergency Report









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A. Abbreviations and Acronyms

CCO China Country Office

CFLG Child Friendly Local Governance

CHD Child Health Division
CNW Child Nutrition Week
CSO civil society organization
DCWB District Child Welfare Board
DDC District Development Committees
DPHO District Public Health Office
DoHS Department of Health Services

DRR Disaster Risk Reduction

DWC Department of Women and Children

ECD early childhood development

EPI Expanded Programme on Immunization

EVM effective vaccine management EWEA Early Warning-Early Action

FCHV Female Community Health Volunteers

GBV Gender Based Violence

GIS Geographic Information System HAC Humanitarian Action for Children

HFOMC Health Facility Operation and Management Committees

HMIS Health Management Information System ICT information and communication technology

IFA Iron Folic Acid

IMAM integrated management of acute malnutrition

IYCF infant and young child feeding
MAM moderate acute malnutrition
MICS Multiple Indicator Cluster Surveys

MNCAH Maternal, Newborn, Child and Adolescent Health

MNP multiple micronutrient powder

MoWCSW Ministry of Womenn, Children and Social Welfare

MoH Ministry of Health NCO Nepal Country Office

NGO non-governmental organization
NICU Neonatal Intensive Care Unit
NRA National Reconstruction Authority
OTPs Outpatient Therapeutic Programmes
PDNA Post Disaster Needs Assessment
PDRF Post Disaster Recovery Framework
DILL Project Implementation Unit

PIU Project Implementation Unit
PLW pregnant and lactating women
PTA Parents Teachers Associations
SAM severe acute malnutrition

SMC School Management Committees

SMS short message service

SSDP School Sector Development Plan
TLCs Transitional Learning Centre
VDC Village Development Committee
WASH water, sanitation and hygiene

B. Executive Summary

The earthquakes of April and May 2015 took the lives of nearly 9,000 people, a third of whom were children. The earthquakes injured thousands; destroyed a huge number of homes, health posts and schools in 14 severely affected districts. Post Disaster Needs Assessment (PDNA) carried out under the leadership of the Government of Nepal estimated that the total value of damages and losses caused by the earthquakes was US\$7 billion: US\$5.2 billion represents the value of destroyed physical assets, and US\$1.9 billion reflects the economic losses.

Throughout 2016, the rebuilding and reconstruction efforts of the Government of Nepal and its partners continued slowly. Nearly two years on from the devastating earthquakes, many families continue to live in makeshift shelters, are in need of support for their livelihood and are using different coping strategies to ensure their basic survival.

UNICEF continued to support the Government of Nepal in implementing the post-earthquake recovery and reconstruction plan. UNICEF developed its two-year Recovery and Reconstruction Plan in early 2016 aligning the recovery priorities to those identified by the Post Disaster Recovery Framework (PDRF). UNICEF recovery strategy was guided by a two-pronged approach of helping communities to recover from the earthquake and better prepare to withstand any future shock, contributing to building resilience in the long run. Overall, recovery and reconstruction priorities have focused on risk and capacity assessment and systems strengthening at national and subnational level.

UNICEF supported infrastructure building in terms of semi-permanent structures for health posts and school classrooms as well as provision of disaster resilient cold chain equipment. The key supports initiated in 2016 included: (i) provision of disaster-resilient cold chain equipment in all 14 severely affected districts which allows for vaccines to be stored safely without electricity for up to 10 days, (ii) earthquake resilient transitional learning centres (650) initiated which allows for a safe learning space for children; (iii) pre-fabricated health posts (74) and iv) improved water facilities in schools (177) and health facilities (443). The prefab health posts (structural framework and panels) are resilient to strong wind, fire, and earthquake and can withstand severe weather conditions. These prefab health posts are equivalent to permanent buildings in terms of safety and comfort.

Identification and treatment of malnourished children and pregnant women through partnerships with NGOs and government and training of health care staff on identification and treatment of maternal and child health were some of the key areas of focus in 2016. Case management for children in need of child protection services and aspects related to anti-trafficking and psychosocial support were highlighted. In addition, UNICEF provided unconditional cash grant to mothers or guardians of under-five children (250,000 children) of 11 severely affected districts to support their nutrition and well-being as well as promote birth registration.

Learning from recent earthquake response and recovery experience, UNICEF has been working closely with the Government of Nepal and other national and international development and humanitarian partners to reinforce the disaster risk reduction capacity in Nepal. In particular, UNICEF Nepal Country Office has remained engaged in: (i) developing the multi-hazard scenario based contingency plan for the humanitarian clusters for which UNICEF is co-lead to, namely: WASH, Education, Nutrition, Health and Child Protection; (ii) enhancing the capacity and skills of Government and NGO partners on disaster response; and (iii) maintaining the stockpiling of essential lifesaving goods and equipment (for 10,000 families) pertaining to the key programme areas for UNICEF- Health, Nutrition, Education, WASH and Child Protection.

UNICEF programmes have been in line with the global good practices of transitioning from relief to recovery with the longer term development priorities. This approach has helped to create synergy and is expected to provide a more sustainable response to future crisis.

C. Humanitarian Context

Nepal is a hotspot for disasters caused by various types of hazards such as floods, landslides, fire, hailstorms, glacial lake outbursts, fire, avalanches, cold and heat waves, drought and epidemics. Located on an active seismic belt, Nepal is also highly vulnerable to seismic activities. In terms of multi-hazard risk, Nepal ranks 32 out of 191 countries in the world (hazards and exposure index 5.3, vulnerability 5.1 and capacity 5.9 in the risk scale of 0 to 10: higher value represents higher risk) as per the 2017 Global Risk Index report¹. It is estimated that, of the total population of 26 million, various disasters affect approximately 42,000 people annually. Floods and landslides cause an average of 300 deaths per year with economic damage exceeding US\$10 million. Small to medium scale disasters leave 2,000 people homeless each year².

While the root causes of disasters are linked to country's inherent exposure to multiple hazards including the fragile mountain geology and terrain conditions; unplanned settlements and land use, loss of forests and ecosystems, heavy sediment loads carried out by the rivers in the downstream, poor quality of infrastructure, and impacts of climate change and variability on climate sensitive various sectors. National capacities to reduce the risks of disasters is constrained by limited resources and poor understanding of multi-hazard nature of disaster and its intrinsic links to climate change impacts, inability to shift the policy and institutional focus from post disaster response to proactive risk reduction actions, strengthening governance and planning at all levels to make them responsive to risk reduction and institutionalizing inclusive and effective disaster preparedness, response and recovery at local levels.

Two back to back earthquakes of April and May 2015 tested the disaster response capacity of Nepal, pushing additional 2.5 to 3.5 per cent of the Nepali population into further poverty³. The earthquakes severely affected 14 districts of central and eastern region - the deadliest disasters in the history of Nepal since the 1934 earthquake. The earthquakes claimed 8,962 lives⁴ including 1,489 children (770 male and 719 female) under five and 1,380 children (594 male and 786 female) aged 6 to 16 years and injured a total of 22,302 people as per Ministry of Home Affairs⁵.

As the people were struggling to recover from the consequences of the earthquakes in severely affected 14 districts, the political unrest that ensued in the southern border between Nepal and India following the promulgation of the Constitution of Nepal in September 2015 further added challenges to the recovery. Due to unofficial blockade in the border areas, the entry of humanitarian supplies were disrupted including petroleum products, cooking gas and essential basic commodities. Vital social services were affected: schools were also closed in the southern part of the country, depriving thousands of children of schooling until the end of February 2016.

The government gradually transitioned from humanitarian response to the recovery and reconstruction following the establishment of National Reconstruction Authority (NRA) in December 2015. The NRA launched the Post Disaster Recovery Framework, a five year plan, in May 2016 in order to provide a systematic, structured and prioritized framework for implementing recovery and reconstruction activities in severely affected 14 districts. The cabinet of Nepal approved 'The Reconstruction and Rehabilitation Policy' in 2016 which provided an overall policy instrument for steering reconstruction and rehabilitation, including the organizational structure of the NRA and the implementation modality and approaches at the district level. UNICEF provided technical support to NRA to develop PDRF and its current work is in line with the activities and outputs identified in the PDRF.

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¹ http://www.inform-index.org/Portals/0/InfoRM/INFORM%20Global%20Results%20Report%202017%20FINAL%20WEB.pdf

² Humanitarian Country Team Contingency Plan Nepal 2016

³ http://www.worldbank.org/en/country/nepal/brief/nepal-country-results-brief

 $^{^{4}}$ 3,934 male, 5,026 female and 2 gender not known

⁵ http://drrportal.gov.np

In 2016, UNICEF continued its presence through five emergency sites in Gorkha, Nuwakot, Sindhupalchowk, Dolakha and Kathmandu Districts to coordinate the implementation of recovery and reconstruction activities in severely affected 14 districts. UNICEF's early recovery and reconstruction efforts aimed at enhancing the national and local capacities to a quicker transition in achieving sustainable outcomes for children and women in the 14 severely affected earthquake districts with a focus on building resilience, strengthening systems, capacity building and increasing local and national ownership.

D. Humanitarian Results

The generous support provided by the donors enabled UNICEF to develop and implement its two-year Recovery and Reconstruction Plan in early 2016 to respond to the recovery reconstruction priorities identified within the Post Disaster Recovery Framework (PDRF). Key recovery objectives included strengthening the capacity of people and communities to reduce their risk and vulnerability to disaster; restoration and improvement of access to services; strengthen capacity and effectiveness of the state to respond to the people's needs and to effectively recover from future disasters.

During the reporting period, a total of 141,744 children benefitted from education supplies, and 2,775 teachers and early childhood development facilitators, and school management committee (SMC) members were trained on psychosocial support, comprehensive school safety and disaster risk reduction. UNICEF established a disaster resilient cold chain system in 22 earthquake-affected districts contributing to restoring damaged cold chain equipment as well as enhancing disaster preparedness. UNICEF's supported in building/repairing water schemes in communities, health facilities and schools which resulted in 53,254 people benefitting with access to safe drinking water. A total of 250,000 children under the age of five in the severely affected districts benefitted from earthquake recovery cash transfer (US\$40 per child). This programme was built on and implemented by the government mechanism with technical and financial support from UNICEF. UNICEF support contributed in strengthening of the national child protection system including stronger border surveillance for prevention of trafficking as well as an increased awareness on trafficking activities among the communities.

UNICEF also piloted some innovations in 2016 for better programme effectiveness. UNICEF started a project to track supplies received in the warehouse in Kathmandu up to point of distribution, using four mobile based application namely; mInventory, mHandover, UniSupply and Product Feedback. The pilot of the programme began in mid-2016 focusing on two districts - Dhading and Kavrepalanchowk. The main objective of the project was management of supply deliveries through real-time tracking, improved operational efficiencies through reduced transaction times and accountabilities to the donors and beneficiaries. Additionally, emergency cash transfer programme used rapid pro- based SMS to build awareness among the beneficiaries, getting feedback and accessing coverage and quality of services.

Overall, the implementation of recovery and reconstruction plan remained on track (please see the results table below), despite some challenges faced in 2016. The country faced an acute fuel shortage due to unrest in Nepal and India border⁶ for more than five months from September 2015 till February 2016. The shortage of key essential supplies and construction materials hampered the progress for all programme sectors. The implementing partners were not able to carry out the activities as per the work plan due to continued general strikes and fragile security situation. Also, transportation of supplies including the winter materials to the earthquake-affected districts was

⁶ Different Terai based political parties started violent demonstrations including sit-in protests in customs check points in border areas expressing their dissatisfaction over a number of issues in the new Constitution that was approved by the President on 20 September 2015.

halted due to the shortage of fuel. More than US\$2.1 million worth of nutrition, health and education supplies were stranded across the border for several months. Challenges were also faced due to landslides and road obstruction during the monsoon season. In addition, several NGOs who partner with UNICEF at the national level faced difficulties in obtaining permission to work in assigned districts due to changes in government requirements. Furthermore, the response related to the recovery and reconstruction was compromised due to the delay in establishment of the operational mechanism of the National Reconstruction Authority at the district level and finalization of the Post Disaster Recovery Framework (PDRF)⁷. Prolonged governmental procedural formalities and evolving mandates of responsible entities for reconstruction and recovery caused delays in starting implementation of most sector programmes at the district level.

Despite the challenges, UNICEF continued working with partners to distribute vital supplies, support the provision of basic services, build the capacity of institutions, and provide essential information to benefit children and their families. UNICEF supported programmes in earthquake-affected areas as well as in its regular development programme districts to respond to immediate and long term needs to build resilience amongst vulnerable populations. UNICEF collaborated with UN partners at the national level as well as district level to share and maximize the use of available fuel and was able to secure minimum quantity from the World Food Programme /Logistic Cluster to continue the monitoring of planned activities in the programme districts. Emergency sites were ready with the pre-plan for the distribution to prepositioned supply to remote and inaccessible area before and after the monsoon season. UNICEF continued to coordinate with the line Ministries at the national level to facilitate the access of the NGO at the district level on case by case basis.

⁷ PDRF was launched in 12 May 2016

RESULT TABLE⁸

| Indicators | UNICEF Total target for 2016 - 2017 | UNICEF 2016 Target | UNICEF 2016 results |
|---|---|--|----------------------------|
| Health | | | |
| Number of functional health facilities under Prefabs | 74 | 6 | 6 |
| Number of Districts with disaster resilient cold chain system as per EVM standards | 14 | 14 | 22 |
| Number of health facilities providing treatment for sick newborn as per national standard (level II and level III) | 11 | 5 | 2 |
| Nutrition | | | |
| % of pregnant and breastfeeding mothers with infant and young children 0-23 months old have access to information, | counselling on breast feeding: 225,708; complementary | breastfeeding counselling: 48,420 and complementary | 70,178 |
| counselling and support on the benefits of breastfeeding and complementary feeding. | feeding: 167,757 | feeding counselling: 167,565 | 225,948 |
| % of infant, young children aged 6-59 months including children with disability and HIV affected in earthquake-affected 14-priority districts fully covered with essential micronutrients services (Vitamin A and Multiple Micronutrient Powder-MNP). | 451,512 | 476,652 | 459,272 |
| % children 6-59 months old are screened for Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) using mid-upper arm circumference tapes. | 476,842 | 476,652 | 402,957 |
| WASH | | | |
| # of population ensured with sustained water, through rehabilitation and reconstruction or demonstration programme | 148,800 | 74,000 | 53,254 |
| # of population ensured with sustained sanitation and hygiene behaviours through rehabilitation and reconstruction or demonstration programme | 118,800 | 59,000 | 33,519 |
| # of institutions (health posts/OTPs and schools) ensured | WASH in Schools – 300; WASH | WASH in school – 200; | 200 Schools /TLC |
| through CGD friendly WASH hardware and software support | in Health Facilities – 600 | WASH in Health 500 | 443 Health Facilities/OTPs |
| # of districts having increased institutional capacity— (WASH Cluster/DWASHCC, WSSDO, Water User Committee) for WASH Recovery and Reconstruction OTPs | Capacity Assessment 21 districts | 21 | 21 |

⁸ The indicators and targets in the results table are taken from the RAM/Rolling Work-plan for PCR 5. Number of indicators in RAM vary from section to section. So for the uniformity of reporting, all sections have chosen top 3-4 indicators to report against in the results table, however the analysis of overall results achieved by each section is given in the narrative.

| Child protection | | | |
|---|---------------------------------|--------------------------------|---|
| Number of children and adolescent (gender disaggregated) | 2,000 | 900 | 1,144 cases are active or are closed as per case |
| benefitting from Government and NGO child and family welfare | | | management procedures |
| services in the 14 target districts, handled according to | | | |
| established case management procedure | | | |
| % of children and adolescents identified and reported by | 20% | 20% | 700 children were identified and reported |
| community child protection structures that are benefiting from | | | |
| services | | | |
| # of people intercepted (women, adolescents and children) and | 1,000 | 700 | 1,978 intercepted |
| prevented from trafficking | | | |
| Government Child Protection Information Management System | 3 (districts - Kathmandu, | 3 Districts | The technical preparation for the piloting of |
| for case management established and functioning | Bhaktapur and Lalitpur) | | Child Protection Information Management |
| | | | System/PRIMERO is ongoing in 3 districts. |
| Education | | | |
| # Semi-permanent child-friendly classrooms provided to | 830 | 150 | 35 completed; 247 under construction ⁹ |
| communities facing major gaps and needs | | | |
| Number of children in targeted schools are provided with | 250,000 | 125,000 | 141,744 |
| education materials | | | |
| Number of teachers, ECD facilitators and SMC members trained | 3,600 | 1,800 | 2,775 |
| on harmonized and comprehensive DRR and school safety | | | |
| package | | | |
| Cross-cutting (ADAP, CFLG, C4D) | | | I |
| <common> number of child club networks/adolescents/youth</common> | # of children and youth | 10,000 children and | # of children and youth capacitated = 13,800 |
| /media personnel capacitated to promote local planning | capacitated – 7,000 | adolescents trained as peer | (5800 (C4D) + 8,000 (CFLG)) |
| processes, DRR ,climate change adaptation and resilience | # of Community media persons | educators, 500 child | # of community media persons trained = 190 |
| building (Note: baseline and end-line should be separated for | trained – 200 | club/network members | |
| CFLG (child club network), ADAP (Rupantaran)) and C4D | | oriented to promote local plan | |
| <cflg> number of local bodies and frontline workers</cflg> | 516 VDC Secretaries, 593 social | 526 social mobilisers, 488 VDC | 665 Social Mobilisers, 465 VDC secretaries, 98 |
| capacitated to mainstream child friendly resilience plan as per | mobilisers, 34 municipality | Secretaries, 61 DDC | Ward Secretaries of Municipalities, 113 |
| the national strategy on child friendly local governance and | officers, 25 DDC officers | representative and 39 NGO | Municipality Staff, 77 VDC technical assistants, |
| block grant guidelines | | partners | 61 DDC and 152 NGOs/CSOs, 45 Child club |
| | | | graduates and 40 CFLG Champions |

⁹ This figure is different from COAR due to additional partner reporting received up until end December 2016

| <c4d> No. of community feedbacks collected, analysed and disseminated.</c4d> | # of community feedback reports collected from 5 districts – 50 # of radio programme audience feedback collected – 200 | | # audience feedback collected and analysed = 290 |
|---|--|---|---|
| SPEA | | | |
| % of children under five years in 11 districts receive a cash transfer of Rs.4,000 | | 250,000 | 250,000 |
| % of children under five years are birth registered in 11 UNICEF priority districts | | 85% | 94% |
| # of DDCs with a complete registry of children under 5 years | | 10 | 10 |
| PAC | | | |
| Increased visibility of humanitarian needs of survivors of earthquake through multimedia (human interest stories, photographs on Instagram, video clips, Facebook and Twitter posts) reportage | 100 (various clips, messages, stories etc.) | 100 (various clips, messages, stories etc.) | 163 (various clips, messages, stories etc.) |
| Increased support for UNICEF's work impacting the lives of earthquake-affected population by donors and National Committees | 30 visits, 20% of them pledge donations | 16 | 17 |
| Increased coverage of issues of earthquake-impacted as well as UNICEF work in local and international media | 12 | 8 | Publication of 6 news stories in Japanese, New Zealand and Dutch media [Spanish and Korean coverage coming soon] |
| M&E | | | |
| HPM indicators for all programme sectors are developed, shared and integrated in UNICEF earthquake emergency response plan for better management of humanitarian results for children and women in Nepal. | | 1 | CO response plan developed and reflected in HAC/Appeal CO page. 17 indicators from Health, Nutrition, WASH, Education, Child Protection, Social Protection and Communication for Development (C4D). |
| Critical learning and lessons from ongoing humanitarian response captured and shared with the concerned to strengthen future Nepal earthquake response | | 1 | All planned seven key actions from After Action Review (ARR) including five ongoing key actions from 2015 and two planned actions for 2016 were completed. |
| Evaluation of UNICEF earthquake response completed | | 1 | Evaluation finalized in June 2016. Management Response plan developed and included in the web portal. |

E. Narrative Reporting

Health

In 2016, UNICEF Nepal's health recovery and reconstruction activities aimed to respond to three major results identified as priority intervention. The 2016 accomplishments were as follows:

1. Number of functional prefab health centres: To support the build back better initiative of Ministry of Health (MoH) of the Government of Nepal, UNICEF committed to construct 74 prefabs in the sites were the health facilities were damaged or destroyed by the earthquake in 9 districts. The prefab health posts (structural framework and panels) are resilient to strong wind, fire, and earthquake and can withstand severe weather conditions. The sites were selected with extensive consultation with the District Health Office (DHO), communities and non-governmental organizations (NGO) in the respective districts. By the end of December 2016, a total of six prefabs were completed and awaiting furniture and equipment and six more prefabs are scheduled to be completed by end of April 2017. It is estimated that seven or eight prefabs will be completed every month between May to November 2017. This project is a good example of south to south collaboration between UNICEF China Country Office (CCO) and Nepal Country office (NCO). CCO supported NCO for the procurement of the Prefab materials including WASH and electrical equipment from Chinese companies following all UNICEF's procurement procedures. Additionally, Chinese engineers were on site for the erection of the first few prefabs to train the local contractors as well as ensure the quality control aspects. The engineers from China will come again in mid-2017 to guide and ensure the quality control aspects. Throughout the year, NCO and CCO team were in constant coordination and communication to make ensure the quality prefab materials.

Many of the selected prefab construction sites are located in remote areas where road access is extremely challenging. Challenges exist to transporting the over 150 containers of prefab and construction materials to the 74 different locations, particularly during the monsoon season. To date, 49 sites have received the prefab materials whilst the remaining 25 sites will receive the materials by latest June 2017. Careful handling was required during the repacking of the prefab materials, transportation as well as for proper storage of the materials on site. Furthermore, since Nepali construction workers were not familiar for erecting this particular type of prefab structures, an intensive on-site-job training was required during the initial phase of construction. The high turnover of the construction company's staff has required further re-training which has contributed to additional delays in construction.

Initially, the timeframe calculated for completing the erection of the prefab was an ambitious 10 days but in reality it is taking on average 45-60 days per site. Additional time is required to then install the furniture and equipment, train the health care staff on its use and handover to the health post in charge.

A key learning has been that partnership and collaboration with government counterparts is key to successful implementation of the prefab project. The good working relation that was established between the NCO and the MOH construction team has paved the way forward for dialogue and solutions even when delays and challenges have been faced. Engineers at the MoH have been providing support to assure the quality of prefab design, site layout and validation of the quality of prefabs before handing over to District Health Offices (DHOs) and health facility operation and management committees (HFOMC). DHOs continue to support in securing suitable lands for prefab construction. In a few locations, land issues have arisen- either due to insufficient land or land titles not being in the name of the government authority. These locations are in the last 25 sites yet to receive the prefab materials and it is envisioned that by May 2017, the issues will be resolved.

The MOH and DHO teams have conducted supervision visits to the construction sites to ensure the smooth completion of the construction with quality.

Following are the key lessons learnt during 2016:

- The prefab construction project is a complicated project which requires special technical
 expertise, involvement of a range of stakeholders within UNICEF and outside UNICEF from the
 starting until the end of the project to successfully complete the project.
- An overall project manager to oversee all elements of the prefab construction, from the health as well as WASH aspects would have been useful. The construction engineer (international) is currently providing support for this but is being overstretched. Health and Emergency Unit staff are also providing support to ensure coordination within the office on this aspect.
- From the supply point of view, engaging the same company that manufactures the materials to erect the structure (turn-key) would have been easier to manage and hold accountable for any defects that might occur. Local contractor may have been engaged for identification of labour and coordination with local community and authorities.
- Early anticipation of issues and challenges that may arise during the project implementation is imperative.
- It is critical to select a suitable plot of land and properly conduct technical assessment of the allocated sites for construction, which is an important milestone in the early phase of the project.
- Training of contractors and their workers is an essential task to ensure quality of prefab construction. Maintaining these staff through a contractual mechanism would have been useful to avoid high turnover
- Giving orientation on proper use of prefabs to health managers and workers is important to maintain and manage the facilities well.

To overcome various difficulties of operating in remote areas, UNICEF has been making good use of local resources. In geographically difficult areas where container trucks cannot pass, UNICEF used local trucks and even porters to transport prefab materials. Where a crane is not available or deployable, these materials were erected using improvised pulleys.

2. Number of districts with disaster resilient cold chain system as per effective vaccine management (EVM) standards: The earthquake destroyed the immunization supply chain system that resulted in the disruption of the immunization program in the affected districts. UNICEF provided technical assistance to strengthen knowledge and skills of health managers and workers on effective vaccine management (EVM). A total of 359 personnel, including 75 district-level cold chain supervisors and Expanded programme on immunization (EPI) supervisors, 138 sub-district-level EPI in-charge, and 146 sub-district level office assistants, were trained on standard operating procedures (SOP) of EVM. Furthermore, Child Health Division with the technical support of UNICEF developed a contingency plan that outlines simple, easy-to-follow guidance on management of the immunization programme during emergencies. The plan clarified roles and responsibilities of health officials at central, regional and district levels during emergencies. As per the EVM plan, equipment were provided to establish disaster-resilient cold chain system. UNICEF installed 76 refrigerators in 22 earthquake-affected districts and several other districts. While this initiative originally targeted 14 earthquake-affected districts, UNICEF has allocated remaining equipment to eight districts that were moderately affected by the earthquake. In addition, 121 cold chain equipment, which were damaged by the 2015 earthquake, were repaired by UNICEF's partner.

The trainings have led to remarkable improvements in EVM. Out of 22 target districts, 20 have been confirmed to be adhering to the SOP of EVM. Major improvements observed include:

- Proper preparation and documentation of vaccine distribution plan
- Proper documentation in temperature monitoring sheets and stock control registers.
- Correct storage and labelling of vaccines and equipment
- Regular physical counting of vaccines and its documentation
- Setting up of a hand washing corner in vaccine packing area in each cold store

The support has resulted in the improvement in the immunization supply chain system which ensures quality vaccines for the children. During the implementation, it was observed that the lack of basic infrastructure such as electricity posed impediment to vaccine management. Also, poor road networks and difficult terrain in remote areas made it challenging to transport cold chain equipment. Timely transportation of equipment during monsoon season was hampered due to bad road conditions.

3. Number of health facilities providing treatment for sick newborn as per national standard (level II and level III): The readiness of the hospitals for providing treatment for sick newborn care as per national standard was improved in two level III hospitals. Orientation to 97 health workers was provided on the standard clinical protocol on sick newborn care and 20 pediatricians and medical officers were trained on level II training package. The Neonatal intensive care unit (NICU) in two hospitals, Kanti Children Hospital and Paropakar Maternity Hospital were upgraded as per the national standards by providing furniture and equipment.

Newborn health and improving quality of care is one of the priority programs of Government of Nepal and partners. CHD has institutionalized a mechanism of partnership and decision making through IMNCI technical working group which is led by CHD. The technical working group consists of key government personnel, partners, academics and professional bodies. All technical and programmatic decisions are made through the technical working group.

Nutrition

Nutrition recovery and reconstruction plan was implemented with the aim of ensuring protection of nutritional status of girls, boys and women in earthquake-affected districts. A total of 70,178 (145 per cent of the target) mothers and caretakers of children 0-6 months were provided with counselling on exclusive breastfeeding across severely affected 14 districts. Additionally, a total 225,948 (135 per cent of the target) mothers and caretakers of children 6-23 were provided with complementary feeding counselling. During the nutrition recovery program, there were two child nutrition week (CNW) campaigns in April 2016 and November 2016 linking with national Vitamin-A campaign. The CNW campaign entailed assessment of malnutrition of children (six months to five years of age) using the midupper arm circumference (MUAC), provision of multiple micronutrient powder (MNP) and counselling on breastfeeding and infant young child feeding. Pregnant and Lactating women (PLW) were also provided with iron folic tablets (IFA). The CNW campaign proved to be a good platform to reach a large number of beneficiaries at one point in time and in one place. Also, at the end of the campaign, there was a door-to-door visit by female community health volunteers (FCHVs) to make sure that the families in need were not missed out.

During the CNW, a total of 136,191 of PLW received iron folic acid (IFA) tablets which is 53 per cent of the total target is set by Health Management Information System (HMIS). Basically, these PLWs were missing out on receiving the IFA during the regular clinics but were reached through CNW campaign and door to door visit by FCHVs, health workers and staff from civil society organizations (CSO).

Through the assessment carried out during the CNW and the regular monitoring, children were identified as severely acute malnutrition (SAM). A total of 3,260 children age 6-59 months (boys: 1,378, girls: 1,882) were admitted within the 14 districts which is 67 per cent of the target. A program of management of moderate acute malnutrition (MAM) in 14 districts was also carried out during the CNW where a total of 24,975 children (boys: 10,825 and girls: 14,150) were admitted into appropriate treatment and prevented from severe acute malnutrition. The total number of SAM children admitted has been lower than the target set possibly due to this intervention on treatment of children with MAM.

With UNICEF's financial and technical assistance, nutrition clusters were actively performing cluster coordination functions in all 14 districts led by District Public Health Offices of MoH. These coordination functions included strengthening coordination mechanisms, establishing nutrition information management systems and working towards better service provisions.

The political disturbances at the border areas of India and Nepal till early 2016 resulted in both a delay in programme monitoring due to lack of fuel as well as receipt and distribution of materials such as cookery kits. The distribution of the nutrition supply was delayed due to the annual monsoon as well. As a way forward, the programme timeline was extended for the NGO partners into 2017 and staff are now actively monitoring the programme.

WASH

WASH (Water, Sanitation and Hygiene) recovery and reconstruction activities for UNICEF were guided by the principle of 'building back better' with a focus on risk assessment and geographic information system (GIS) mapping of water schemes, development of WASH strategy and water safety plans linking with disaster risk management and water source protection. The work also focussed on capacity enhancement of key stakeholders to recover from the 2015 earthquake and withstand any future shock. UNICEF provided technical guidance in the drafting of the Post Disaster Recovery Framework to support Government and stakeholders for coordinated reconstruction work. WASH early recovery and reconstruction works in 2016 aimed at reaching the remote communities and continue serving displaced people in temporary camps. Over 65 waters supply schemes were improved in remote villages, 6,000 household toilet reconstruction were supported by providing materials or direct cash to individual households that required assistance. In WASH in school reconstruction effort, 102 sanitation facilities in remote schools were repaired or upgraded with over 200 schools connected with water supplies. Working together with Nutrition section and MoFALD-WB, WASH section improved 443 WASH facilities in rural health posts to allow better health care facilities in areas where malnutrition cases had been reported. WASH section continued to support essential WASH interventions in urban IDP camps within Kathmandu city until May 2016 to avoid serious water borne diseases outbreaks in the crowded camps.

For capacity building in 2016, UNICEF conducted trainings on WASH sector disaster risk management to emergency districts focusing on WASH recovery and reconstruction in order to increase knowledge on resilience. District/Village WASH Coordination Committees, Water and Sanitation Users Committee of respective districts (Male -59, Female-56) benefited from the trainings led by District Water Supply and Sanitation Division Office, National Water and Sanitation Training Centre and Disaster Risk Management Section of DWSS. 350 people were trained on WASH sector DRM training at Village Development Committee (VDC) level.

District WASH strategy is being prepared under the leadership of District Water Supply and Sanitation Division Offices in Gorkha, Nuwakot, Kavre and Dolakha districts. Information, Education and Communication (IEC) materials were also developed to enhance knowledge of communities on Water and Sanitation.

To assess the impact of climate variabilities on water source, water supply system, sanitation and hygiene and to recommend appropriate climate resilient policies and plans, a climate change impact

study on WASH services is being carried out in nine districts of Nepal. The final report of the study is expected to be completed on August, 2017. A guideline on WASH Sector Disaster Risk Management and Climate Change Adaptation has been drafted with an agreement on contents by a working team. The consultation among sector stakeholders and thematic group is ongoing for the finalization.

Lack of adequate coordination and data management systems at the district level has led to duplication and delayed decision making of reconstruction work in the WASH sector. As a way forward, UNICEF supported government to conduct joint monitoring visits as well as encouraged the coordination meetings to be held at the district level on a monthly basis. In addition, Business Continuity Plan of the Department of Water Supply and Sewerage (DWSS) has been discussed with DWSS team and further consultation is ongoing within DWSS for finalization. After the finalization of business continuity plan, a simulation exercise will be carried out to test the effectiveness of the plan.

UNICEF continued to provide support to WASH Cluster Coordination in two districts namely Ramechhap and Okhaldhunga, which has no other cluster members able to take up the coordination role. UNICEF also carried out capacity assessment and enhanced capacity of water and sanitation user's committee in 21 earthquake-affected districts and government officials for developing resilient WASH programmes. Trainings to plumbers were conducted to enhance the village level capacity to carry out appropriate repairs and maintenance of water supply systems and sanitation facility.

Access to some of the villages in the severely affected districts was difficult due to road situation and landslides, which resulted in a major logistical challenge. The fuel crisis and border blockade that lasted almost five months heavily affected supplies and logistic support and programme monitoring in earthquake-affected 14 priority districts. UNICEF used an alternate mechanism such as local transport mechanism, use of Wold Food programme (WFP) helicopters and coordination with local communities to achieve targets.

Child Protection

UNICEF continued to support the government towards developing a robust child protection systems. For this, UNICEF provided technical and financial assistance to Ministry of Women, Children and Social Welfare (MoWCSW), Central and District Child Welfare Authorities and Civil Society Organizations (CSOs) to ensure that systems are in place to prevent family separation and institutionalization, promptly identify and reunify unaccompanied and separated children, provide psychosocial support to children and families affected by the earthquake, mitigate the risk of being trafficked and to provide services to the needed children. To strengthen child protection systems, UNICEF ensured that the system building approach was used as a key strategy while designing the emergency and recovery program. Emergency response and recovery program served as one of the platforms to strengthen child protection system including enhancement of the national capacity to prevent and respond to child protection issues. Particularly, UNICEF child protection recovery and reconstruction programme focussed in the following intervention:

Family Preservation and Case Management: With UNICEF support, during the initial assessment right after the earthquake in 2015, a total of 44,131 children were identified under unaccompanied, separated and vulnerable category out of which 21,681 (49 per cent) received financial (up to NPR 5,000 / USD 50) and case management services (identification, registration, assessment, tracing and reunification, follow-up and case closure).

UNICEF continued to work together with the government and the civil society organizations to ensure that children were not unnecessarily separated from their families and those who were at the brink of separation receive appropriate services mitigating the risk of separation. To provide proper and systematic case management services to the unaccompanied, separated and vulnerable children in

need, UNICEF partnered with government authorities and 14 civil society organizations (CSO). UNICEF developed a standard 5 day case management training package, trained 400 child protection actors including 60 dedicated social workers for the management of the cases. A total of 5,558 cases were further filtered for case management services using the standard vulnerability criteria. In addition, UNICEF supported the establishment and strengthening of 234 community based child protection structures such as village/ward/municipality child protection committees, child clubs, adolescent groups etc. to ensure the children are better protected in their own communities and the child protection cases are identified and referred in a safe and appropriate manner. UNICEF also procured and distributed summer clothes to 334,285 (167,066 boys and 167,219 girls) in the 14 earthquake-affected districts which was part of the response phase but due to delays in receiving the items in country, were distributed in 2016.

Psychosocial support for children and families: With UNICEF's continuous advocacy, the Ministry of Women, Children and Social Welfare (MoWCSW)/Department of Women and Children (DWC) have incorporated the provision of psychosocial support within their regular programme. To have better, accessible and sustainable systems in place for the children and adults for psychosocial services and in order to overcome the exposure to traumatic experience and impacts caused by the earthquakes, UNICEF supported Department of Women and Children to establish 18 psychosocial centres including training of the psychosocial counsellors for these centres. 19 trained psychosocial counsellors and 70 community-based psychosocial workers are providing services in the established psychosocial centres. With UNICEF support, 16 psychosocial centres have been established and 2011 individuals have been provided with psychosocial support services.

Anti-trafficking: UNICEF supported the national anti-trafficking CSOs to prevent, respond and provide services to the survivors of trafficking and to those who are at risk of trafficking. In this regard, UNICEF supported the establishment of eight surveillance centres along India-Nepal border and worked in close collaboration and coordination with the Nepal Police. The CSOs with UNICEF's technical support have trained 230 teachers and 150 women's group on anti-human trafficking. One hundred and thirty eight service providers were trained on victim's centred approach. Sixty six survivors of trafficking have been provided with services including counselling, shelter and income generation activities.

Prevention of Gender Based Violence (GBV): To prevent and address violence, exploitation and abuse, including GBV, UNICEF deployed five child protection officers at the field level covering all the 14 earthquake-affected districts. In 2016, a total of 659 cases of GVB and Child Protection were identified and safely reported. One hundred and seventy two awareness raising activities were conducted through rallies, public meetings, and street drama and interaction programs.

Cluster coordination support: UNICEF together with the government co-led the protection cluster including the child protection sub-cluster at the national level, and supported coordination efforts of all protection interventions. Guidelines on unaccompanied and separated children, psychosocial support and child-friendly spaces were endorsed by the Government and used by all relevant agencies. UNICEF supported the protection cluster to finalize the National Strategic Action Plan for Protection Cluster 2016

Nepal Government endorsed the "Draft-Case Management Guideline" during the earthquake but it did not include the major tools related to emergency. UNICEF supported the government to develop a simplified Standard Operating Procedures to deal with the children's cases and later developed a comprehensive "Case Management Training Package" to be used widely in both humanitarian and non-humanitarian settings.

During the mid- review meeting of the Child Protection recovery program, it was indicated that there have been a positive impact in the lives of the children and families that were supported through the

various Child Protection programmes. Moreover, all the 14 districts authorities have increased their capacity to respond to child protection issues.

Programme activities were partially affected because the Central Child Welfare Board pulled out all of its Child Rights Officers from the districts during their restructuring process. To address this issue, UNICEF provided supported the government in deploying 14 information management officers at the District Child Welfare Boards in all 14 districts severely earthquake-affected districts.

Education

For Education, emergency response activities continued into the first quarter of 2016, while efforts on recovery and transitional support were concentrated in the second part of the year. As continuation of emergency response, UNICEF provided 247 temporary learning centres benefitting 24,700 children. For recovery work, 141,744 children benefitted from receiving education supplies, and 2,775 teachers, School Management Committees (SMCs) and Parent Teacher Association (PTA) members were trained on psychosocial support, comprehensive school safety, and Disaster Risk Reduction (DRR). Activities for 650 Transitional Learning Centres (TLCs) have been initiated. This recovery-in-education package includes: 1) two-classroom transitional learning centres using higher-quality semi-permanent materials which are earthquake resilient, 2) gender and disabled-friendly WASH facilities, 3) educational and recreational materials, and 4) training for teachers, SMCs and PTAs on DRR, resilience, and comprehensive school safety. Provision of water connection for target schools where water is not readily available is being undertaken through convergence and holistic programming.

UNICEF supported a seminar on Recovery and Reconstruction in Education, with the Ministry of Education and the Project Implementation Unit (PIU) and 46 partners (donors, UN and civil society), to identify challenges and improve coordination and opportunities for holistic recovery in Nepal for the education sector, resulting in clarification and improved understanding of reconstruction processes and recovery coordination mechanisms. Cluster working groups were formed for recovery, including training, DRR/comprehensive school safety and safe engineering and design, and UNICEF is supporting information management within the PIU, the entity responsible for all reconstruction activities in earthquake-affected districts. Three meetings focusing on recovery/reconstruction were held, resulting in improved coordination between the Education Cluster and the PIU, and enhanced understanding of government requirements and structure for implementing partners focusing on reconstruction.

Coordination and transition to recovery-related challenges were faced in understanding coordination and responsibilities of government agencies and partners for recovery work following the descaling of the Education Cluster in January 2016. As a result, UNCEF's support to the Recovery Seminar and in providing inputs into the PDRF focused on clarifying roles and responsibilities among Government and partner actors and operational requirements moving into recovery.

Challenges were also faced in information sharing on reconstruction activities that were being undertaken by different actors in the education sector. To address this, UNICEF placed a consultant with the PIU to develop an Information Management (IM) tool and support coordination and information sharing in the sector, and led to improved capacity to analyse needs, coverage, and gaps.

To address some of these challenges related to coordination and planning, UNICEF within the Development Partners' Group advocated strongly with the Government and supported coordination among other development partners to ensure that a revision of the Comprehensive School Safety Master Plan was included as one of the Disbursement Linked Indicators (DLIs) in the new School Sector Development Plan (SSDP) and Framework, and that a database tracking all reconstruction efforts will be established by the government with information made available to concerned education partners.

Delays were faced in provision of Transitional Learning Centres due to lengthy government processes and changing mandates of responsible entities for reconstruction and recovery; this caused delays in receiving approvals of design for the Transitional Learning Centres. Designs were approved in May 2016, following strong advocacy from the Engineers' Technical Working Group (supported by UNICEF). Finalization of site selection was also challenging due to lack of information and sharing of target schools for reconstruction among several actors/donors. However, once designs were finalized and site selection criteria set with District Education Offices, major efforts were made in the second half of 2016 to reach children in earthquake-affected schools and to accelerate progress of reconstruction and recovery work across the districts. Additionally, together with partners and the National Center for Educational Development (NCED), an intensive two-day Recovery and Resilience Training Package was developed to ensure that teachers and community members in schools targeted are provided essential information and tools so their schools are safer, cleaner and more hygienic, and that school teachers and administrators have improved understanding of how to properly plan for and respond to any future emergency within their school and community. Modules in the package can be adapted as per the local needs, and the package can be used for other emergencies should there be a need in the future.

Cross-cutting (Communication for Development [C4D], Child Friendly Local Governance [CFLG], Adolescent Development and Participation [ADAP])

UNICEF continued its partnership with Radio Nepal and broadcast 72 episodes of a radio program titled "Bhandai Sundai" (Talking Listening). The radio program focussed on issues related to human trafficking, post-earthquake issues faced by children and addressing the needs and concerns of affected populations related to recovery and rehabilitation processes. These were aired nationally as well as through targeted broadcasting across 25 community radios in earthquake-affected districts. In addition, UNICEF produced 15 Public Service Announcements in six local languages focusing on preparedness and risk mitigation. It supported the promotion of Cash Grant for children under-five, for which, 250,000 copies of pamphlets were developed and distributed through 4,860 social mobilisers, 2,600 minutes of radio announcements were made for 30 days in 9 implementing districts and a 12-minutes video was aired through national television channels. UNICEF also built the capacities of 99 community radios across 56 districts on preparing for emergencies and developing programmes to help communities better prepare and respond to future emergencies.

Communication and social mobilisation initiatives focusing on building capacities of communities on Disaster Risk Reduction and dealing with issues such as human trafficking and unsafe migration was rolled-out in five earthquake-affected districts with high prevalence of human trafficking. 156 youth mobilisers were trained on "Youth Mobilisation to raise awareness on DRR, safe migration and human trafficking". Till December 2016, the Youth mobilisers had conducted 800 interactive sessions with over 400 community-based adolescent and youth groups reaching 5,689 adolescents and youth (3,056 male and 2,633 female) in implementing areas. About 50 media persons from national news media were oriented on issues related to unsafe migration and human trafficking in Nepal.

A partnership was established with the World Association of Community Radio Broadcasters to develop a radio drama series on Child-centred Disaster Risk Reduction with an aim to generate awareness, share information and deliver key messages on disaster risk reduction and issues related to children and women across various UNICEF thematic areas.

Capacity of national, district and village level local bodies' authorities, child club networks strengthened on developing child friendly resilience plan. As a result, 51 per cent local bodies have allocated more than 15 percent budget for children's issues and DRR. Total 510 child clubs were formed in 30 VDCs, 200 child clubs were registered in DCWB and orientation and children's consultation (Bal Bhela) was

completed in 80 per cent of VDCs and Municipalities engaging more than 50,000 children in the local planning processes.

In 2016, as a follow up to the recommendations of the consultation, 554 peer educators were trained to mentor and coach children affected by the earthquake to cope with stress and emotions. As a result, 30,000 children and adolescents benefitted, of which 10,000 were from remote VDCs that were severely affected by the earthquake. A second round of consultation was also conducted with 680 children to assess if their issues and concerns highlighted during the first round have been addressed during the recovery phase.

With the objective of equipping adolescents (ages 10 to 19 years) with appropriate and relevant knowledge and skills to increase resilience among them, the social and financial skills training package for adolescents "Rupantaran" was adapted with stronger emphasis on disaster preparedness and response. The adapted training package covers fourteen topics ranging from self-awareness, gender and social inclusion, gender based violence, sexual and reproductive health to natural resources, disaster risk management and climate change adaptation and first aid. The curriculum matrix of the training package is in **annex d** for reference. 56 persons have been trained as master trainers who will be responsible for training 500 peer educators from four implementation districts – Gorkha, Dhading, Nuwakot and Sindhupalchowk. These trained peer educators will reach approximately 1000 adolescents. The rolling out of the training package to adolescents is expected to start from March 2017.

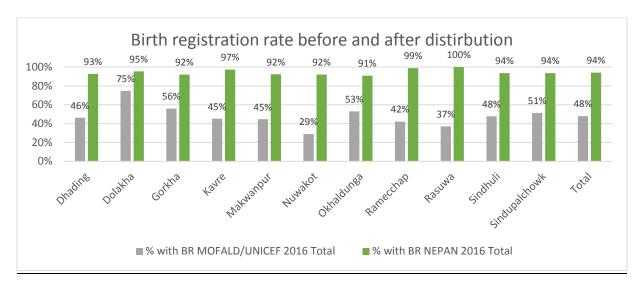
The programme also targets stakeholders in their immediate environment such as parents, community members and local government and non-government actors who can provide the adolescents with an enabling and protective environment to reach their full potential. Parents of adolescents enrolled in the "Rupantaran" session receive similar information but with the focus on their role in providing enabling environment to their children. Teachers, service providers, political leaders, government staffs also receive orientation about the programme and their role in providing enabling environment to increase resiliency among adolescents.

Social Protection

After implementation of Emergency cash transfer to vulnerable population in 2015 UNICEF decided to expand the programme focusing on the children below the age of five years as recovery support in 2016. UNICEF provided US\$13.5 million to the government to deliver the cash transfer to children under the age of 5 years in 11 districts to support basic consumption need. Up to the end of 2016 about 250,000 children under the age of five years received NPR 4,000 as one time recovery support.

A census was conducted to identify the children, and birth and programme registration were completed. The cash distribution was planned in two rounds as almost 15 per cent children were reported missed out in the census. In the first round 89 per cent of children identified by the census received the cash. Complete data is still to be received on the coverage of cash support among the additional children missed out in the census.

As a result of the recovery cash support programme, birth registration increased to 94 per cent in 11 programme districts (see graph below). National census data suggests a birth registration rate of 48 per cent prior to the cash transfer.



The emergency cash transfer and the recovery support was built on and delivered through existing government social assistance system. And despite several challenges, it has been proved that existing systems can be expanded in case of emergency not only vertically but also horizontally to respond to the needs of children.

The focus of recovery cash support to children under the age of five years was also linked with the ongoing aim of expanding the child grant. UNICEF provided technical support to the Ministry of Federal Affairs and Local Development to scale up the child grant and gradually reach to national coverage. As a result, the government has decided to scale up the regular child grant to three of the poorest districts in the country. Learnings form the child grant have also been instrumental in revising and improving the once a year registration process into ongoing registration process.

Communication

Throughout 2016, UNICEF ensured a continuous feed of high quality multimedia materials, especially around the one-year mark of the earthquakes to draw attention of donors as well as public to the needs of the children in earthquake-affected districts in Nepal that helped raise fund through the Humanitarian Action for Children (HAC) appeal. The multimedia materials included human interest stories, videos, photographs, infographics, photo essays, press releases and reports to reflect the work being done by UNICEF and its partners as relief and response to the earthquake in all sectors. These were shared within the organization and promoted though social media portals.

To expand the reach of UNICEF's publications, an e-version of the milestone report on the earthquake, "Moving on, Nepal Earthquakes: One Year Later" was published. Link to report: (http://www.movingon.org.np/). The online report helped to communicate UNICEF's humanitarian response to the earthquake widely. The launch of the picture books "Under the Tent" in English and Nepali on 9 December, followed by a two-day photo exhibition under tents, informed the public on vital services provided by UNICEF to survivors in the aftermath of the earthquakes. The books were launched as part of UNICEF's 70th anniversary celebrations by a mother who had taken shelter under a UNICEF tent during and after childbirth in Dolakha District. The exhibition was viewed by more than a thousand people. Comments in the visitors' book reflected visitors increased knowledge about UNICEF's work.

In addition to documenting and sharing the impact of the 2015 earthquakes and UNICEF's activities during response and recovery phase through traditional and social media, UNICEF also hosted 17 visits in earthquake-impacted districts, helping to keep donors and partners updated, and also maintain their interest to support post-earthquake efforts in Nepal. These trips have resulted in coverage in media in

Japan, Netherlands, Sweden, New Zealand, Ireland, and Denmark through—television shows, exhibitions, newspapers as well as over social media, and also helped in their fundraising activities.

In the post-earthquake recovery phase, UNICEF Nepal has increasingly focused on building resilience and disaster preparedness among children. A series of activities were undertaken to share experiences of children and adolescents from earthquake-affected areas. These include two e-sharing through video-conferencing events conducted between children from the epicentres of the two earthquakes of 2015 with children from other districts. Through video conferencing technology, the children were able to bridge the physical divide and exchange their experiences, and also have a bit of fun in the process. The exchange of information between the children from two sides, included the aftermath of the earthquake especially regarding safety of schools and the situation of health care; about the issues young girls felt sharing cramped space under temporary shelters, especially during menstruation; about issues regarding child labour; child marriage; about their villages; about festivals, and how they brought together diverse people.

UNICEF engaged in targeted advocacy with donors in country and abroad on the importance of funding disaster preparedness activities in a country. UNICEF Nepal's national ambassador's participation at awareness and fundraising gala event in Germany brought heightened attention and focus to the post-earthquake situation of children in Nepal and assisted the National Committee raise funds for UNICEF Nepal (over Euro 540,000).

Arranging trips for diverse range of visitors and producing multimedia content on time was a challenge due to difficult terrain, hard-to-reach earthquake-affected population as well as delay in interventions such as timely reconstruction of learning centres and health facilities.

F. Monitoring and Evaluation

UNICEF continued with a number of monitoring tools to track the overall process and results of recovery and reconstruction activities. The findings from the monitoring further guided the planning and implementation of programmes.

End User Monitoring: UNICEF continued to provide high frequency performance information, showing results for affected populations. For monitoring of humanitarian programme implementation, quality of services and assessing end-user satisfaction, UNICEF Nepal contracted an external agency – Health Research and Social Development Forum (HERD) to implement an End-User/Field Monitoring System in all the 14 severely affected districts. HERD mobilized a team of 20 Field Monitors (10 male and 10 female) divided into five cluster teams located in five Emergency Site Locations. The field teams were mobilized from August 2015 and concluded their work in April 2016 in line with the response phase. The Field Monitors visited UNICEF Nepal's humanitarian response areas, met the implementing partners and government counterparts; collected information from key informants at service provision facilities (hospital/health centres; schools/Temporary Learning Centres, Child Friendly Spaces, Outpatient Therapeutic Programme, Shelter Homes, Birthing Centres, Cash Transfer Programmes, District WASH Coordination Committees and collected feedback from the affected populations. Periodic weekly (during early phase of response), bi-weekly and monthly reports were received by UNICEF Nepal. The monitoring reports have helped verification of response progress reports, quality assurance of the services and supplies provided by UNICEF partners to the end users and enabled UNICEF Nepal to take timely corrective actions for improved programme management. The 3rd party monitoring reports encompassed both qualitative and quantitative progress information.

Supply Tracking: UNICEF's response to the April 2015 earthquake in Nepal highlighted the need for an automated approach toward real-time monitoring of supplies and distributions that would allow the NCO to be well informed about its programme implementation where supplies are involved. The current

procedures, whereby UNICEF staff manually register goods receipts into VISION, does not support timely access to information about the status of UNICEF supplies and distributions that is needed – particularly in emergency situations.

To address these challenges, UNICEF Headquarters divisions for ICT and Supply conducted a feasibility assessment to use mobile technologies to facilitate these processes for the UNICEF Nepal office and its Implementing Partners. The mission team reviewed the requirements of UNICEF Nepal, including partner interest, and evaluated the ongoing UNICEF initiatives to identify the most appropriate solutions for the Nepal context. It was agreed to launch a pilot project in Nepal, which would bring together a core team composed of staff from four offices and utilize three different mobile products that were already in development or being piloted in other UNICEF offices.

The supply chain monitoring and tracking was implemented by the UNICEF Nepal Office with support from the Regional Office in response to the Nepal earthquakes. The mobile based applications use barcoding and smartphones to track humanitarian supplies to targeted beneficiaries. In Nepal supplies arriving in warehouses have been recorded in UNICEF's system (VISION) using the application. Implementing partners have used the applications to record distribution of supplies to end users and UNICEF monitored this against distribution plans. Finally the system also enabled UNICEF to receive and respond to feedback from end users. The applications greatly reduced time spent in processing arriving supplies. It has also facilitated better tracking of supplies and as the applications are simple and easy to use. Importantly, this system provided a voice for end users to provide feedback to UNICEF. This pilot system has the potential to strengthen mutual accountability between UNICEF, communities and beneficiaries.

The Supply Chain Monitoring & Tracking Nepal Pilot aimed to enable increased visibility over the CO's programmatic achievements via monitoring the supply inputs in the supply chain: from delivery and handover to IPs, to distribution to beneficiaries, including aspects of quality of the supplies. The project was piloted in Nepal in 2016 to draw learnings for future roll-out in other UNICEF operating environments.

Evaluation of UNICEF Earthquake Response & Recover Efforts: An evaluation of UNICEF's Response and Recovery Efforts to Gorkha Earthquake in Nepal was completed in May 2016. The Evaluation stated that "overall, the UNICEF response was outstanding and characterized by significant initial field presence and early mobilisation of prepositioned contingency supplies, funds and partners." However, timely delivery of supplies and implementation of many activities as scheduled were identified as challenges across all sectors. Information from various monitoring activities, lessons learnt exercises, assessments, surveys, including Third Party Monitoring played a key role in providing an evidence base used in the Gorkha Earthquake evaluation to develop recommendations for UNICEF Nepal's recovery phase and the next country program.

Sector specific M&E

UNICEF sections continued the monitoring of recovery and reconstruction activities. Field visits and monitoring were undertaken through the technical support provided by UNICEF Nepal staff in five emergency site locations (Gorkha, Nuwakot, Dolakha, Sindhupalchowk and Kathmandu).

Health: In coordination with District Health Offices and UNICEF's partners, UNICEF undertook tracking and monitoring data in line with the recovery and reconstruction rolling work plan. UNICEF staff held field visits to project sites for monitoring and supportive supervision. Feedback drawn from field visits was shared with partners for improvement or adjustment. Implementation partners also engaged in measuring and reporting results to complement with UNICEF's field observation. Progress and results of

UNICEF's emergency response were regularly shared with the Ministry of Health and concerned divisions.

Nutrition: During the formulation of programme document, quantifiable result matrix was developed with clear target of each activity. In the meantime, reporting tools were developed based on the result matrix and implementing partners have been reporting on weekly and monthly basis. Those indicators that were already in the health management information system (HMIS) they were reported through HMIS by District Public Health Offices (DPHOs) to the management of division of MoH as well as to UNICEF directly from the implementing partners. Also, those indicators that were not captured by existing HMIS, partners reported it to UNICEF directly copying to respective DPHOs as well as UNICEF colleagues based in the emergency site offices.

To ensure the quality of program as well as ensure whether the ongoing activities were implemented in line with agreed matrix, Child Health Division, respective DPHOs and UNICEF staff from central and field office conducted several field visits in all program districts as per the plan. Based on the joint program visit, reports were prepared with the implementing partners followed by and the partner prepares the action plan based on the recommendation. In addition to monitoring visits conducted by GoN and UNICEF, implementing partners also conducted such visits from their executive members and staff members along with Government line agencies in the district. UNICEF team also visited the program districts for periodic spot check periodically and third parties have been mobilized to conduct audit of financial transactions of the selected partners. In addition to this, review of the program at community level, district level and central have been planned. Based on the plan, such review activities at community and district level have already been completed

WASH: In order to monitor the progress through government and its partners, since the start of the response work, UNICEF created a mechanism of having a continuous partner's review on performance and challenges. With its physical presence in the affected area through field offices, UNICEF has been monitoring and verifying reports of progress through field monitoring and observations. Together with WASH cluster it facilitated the Joint monitoring visit that was attended by government, cluster members and districts officials to verify its work and also the work of cluster agencies. As part of the completion of activities by the partners, a completion certificate is generated issued through VDC and community consultation. An E-WASH Information Management (IM) Platform was also developed to keep track of partner's progress. UNICEF partners submit the monthly progress report on number of beneficiaries reached through WASH related interventions which is then uploaded to the E-WASH IM Platform. Partnership review meetings are also organised where partners are updated on their progress against the PCA target.

¹⁰ A certificate of practical completion is a certificate issued to the UNICEF partners by the VDC after the completion of construction of WASH facilities and verified by joint monitoring visits comprising members from UNICEF, Govt and Implementing Partner.

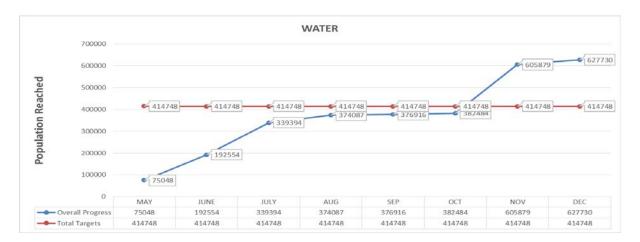


Fig: Number of beneficiaries reached against target through repair and rehabilitation of water systems



Fig: Number of beneficiaries reached vs target through repair and rehabilitation and construction of household and Communal latrines

UNICEF also used interactive GIS maps to proactively monitor the progress of the recovery and reconstruction related activities. The interactive maps can be assessed through the link https://drive.google.com/open?id=1aujMirR0aouMxAG8Z4raPGm_j0Y&usp=sharing and the sample map is shown below:



Child Protection: UNICEF developed a robust case management database to monitor the quality of the case management services which the children received and to track if the cases were progressing as per plan. The programme established an online monthly reporting tool for the partners to report (qualitative and quantitative) on monthly basis. UNICEF monitored the progress of the program through: (i) quarterly narrative and financial reports submitted by the partners and detailed annual report; (ii) regular joint review meetings to ensure achievements against expected results as per the work plan; and (iii) program monitoring visits carried out by UNICEF staff. Financial and administrative microassessments and spot checks are also conducted on a regular basis. Additionally, eight dedicated child protection staff were recruited and sustained for quality monitoring and evaluation of the program, five of whom were based in the Emergency Sites.

Education: UNICEF in 2016 has plans to work in over 350 schools across nine districts, with an additional 150 schools anticipated to follow in mid-2017. To address monitoring needs across a large number of schools and districts focused on recovery efforts in affected schools, UNICEF and partners have agreed to conduct very close monitoring of activities and results, with increased frequency and reporting periods for all the project indicators. This includes the regular reporting and updating of weekly, monthly, and quarterly activities by partners to UNICEF, and plans to implement a tablet-based application for monitoring of activities to be used by UNICEF field staff. Weekly reports have been shared by partners for tracking progress of construction activities, in coordination with UNDP, leveraging a UN partnership agreement to provide experienced engineers to support monitoring of construction. These weekly reports have been fed into a reporting system which allows UNICEF and partners to track progress and analyse construction trends in all districts, identifying potential challenges and areas or phases of concern.

To monitor other indicators and achievements of targets against planned activities, UNICEF and partners utilize a monthly reporting framework. Regular quarterly narrative reports are also submitted to UNICEF for review and checking against plans, progress, challenges and opportunities. Additionally, UNICEF with partners have established a mechanism to undertake monthly meetings at central and district levels, which has allowed all partners working in conjunction with the recovery work to have a common ground for discussing challenges, ideas, concerns, and opportunities in a forum to improve joint communication and coordination, and take timely decisions to correct potential challenges or leverage opportunities and comparative advantages of each partner, and improve future plans and programming.

Cross-cutting (C4D, CFLG, ADAP): C4D - UNICEF has monitored the implementation of activities through quarterly reports submitted by implementing partners, detailed annual report and regular joint review meetings to assess achievements and challenges, and regular field monitoring visits conducted by UNICEF staff. Financial and administrative micro-assessment have been conducted at the beginning of the partnership and regular spot checks have been conducted to assess financial regularities. Meanwhile, audience feedback collection has been conducted to assess recall and relevance of messages disseminated.

CFLG - Implementation progress and achievements are monitored through a) quality assurance of technical content in training/orientations through observations and field visits b) by monitoring mechanism established in the programme documents – either by partner or government officials through the management of database and implementation of monitoring checklists c) participatory mechanism created at the ground level through direct observations by child club networks and CFLG structures formed and made functional at the community level to influence local decisions. No evaluation carried out yet.

ADAP - A Quality Assurance (QA) tool was used to monitor the quality of the training sessions and trainers. Pre and post-test questionnaires were administered to assess the change in knowledge and attitude among the training participants. Preparedness of the trainers in delivering the training to peer educators and adolescents is also measured through mock session. A change assessment questionnaire

was developed to monitor the change among the adolescents. All adolescents who were enrolled in the social and financial skills training "Rupantaran" were required to fill the pre-test questionnaire before the training commence and after completing all the sessions. The information from the questionnaire was fed in the web based reporting system that generates information of detailed profiles of adolescents (age, gender/sex, caste, etc.) and evidence on the changes made on knowledge, attitudes and skills through the course of the training.

Social Policy Economic Analysis (SPEA): UNICEF developed a comprehensive monitoring and evaluation package embedded in the project design. The Government Department and UNICEF staff were engaged in programme monitoring in addition to independent post distribution monitoring by Nepal Participatory Action Network – an NGO partner. The programme initiated to implement voluntary SMS system for beneficiaries to be informed on the programme, confirm receipt of the payment and provide their feedback. The participation on the SMS was not as expected but provided feedback on programme implementation and helped take follow-up actions. A grievance handling mechanism was introduced in the recovery phase introducing a toll free number and through SMS.

Communication: Digital media statistics were used to evaluate the effectiveness of the communication products developed to highlight the earthquake response and recovery work. In 2016, the number of followers on UNICEF Nepal Twitter account increased more than 60 per cent. The increase in the number of likes on UNICEF Nepal Facebook page was 15 per cent.

G. Financial Analysis

UNICEF requested a total of US\$120,000,000 through HAC in 2015 for its emergency response (both immediate relief as well as recovery and reconstruction). UNICEF received a total of US\$133,608,245 programmable for the response and recovery phase (please see below table 1: funding status by sector, table 2 Funding received and available by donor and funding type and table 3 thematic humanitarian contributions received in 2016). Of this total, programmable amount US\$11.42 million received from World Bank¹¹ was used for Nutrition and WASH recovery programme. By end of 2016, UNICEF had utilised a total of US\$88.9 million to carry out earthquake response and recovery activities in the severely affected 14 districts.

Table 1: Funding status against the appeal by sector

| Appeal Sector | HAC Requirement | Programmable Received |
|--|-----------------|-----------------------|
| Education | 25,000,000.00 | 22,332,121 |
| WASH | 25,000,000.00 | 13,289,858 |
| Health | 24,000,000.00 | 16,414,400 |
| Child Protection | 11,000,000.00 | 8,966,174 |
| Nutrition | 11,000,000.00 | 10,541,053 |
| C4D | 1,000,000.00 | 5,249,617 |
| Social Protection | 17,000,000.00 | 27,705,000 |
| Sector Coordination and Field Support | 6,000,000.00 | 16,335,413 |
| UNALLOCATED | | 1,346,037.66 |
| SM150507 World Bank funds (Nutrition and WASH) | | 11,428,571.43 |
| Grand Total | 120,000,000.00 | 133, 608,245.13 |

¹¹ WB fund was received through Government of Nepal

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Table 2: Funding received and available by donor and funding type:

This table provides the list of all donors and types of funding received and available in 2016 for recovery and reconstruction activities.

| Donor Name/Type of funding | Programme Budget Allotment reference | Overall Amount* |
|--|---|--|
| I. Humanitarian funds received in 2016 | | |
| a) Thematic Humanitarian Funds | | |
| See details in Table 3 | SM149910 | 4,082,088 |
| b) Non-Thematic Humanitarian Funds (List individually a | Il non-thematic emergen | cy funding received in 2016 |
| per donor in descending order) | | |
| United States Funds for UNICEF | SM160388 | 409,728 |
| USA USAID | SM150297 | 7,275,212 |
| UNICEF-Argentina | SM150518 | 24,500 |
| Total Non-Thematic Humanitarian Funds | 1 | 7,709,440 |
| c) Pooled Funding | | |
| (i) CERF Grants (Put one figure representing total CERF continuous the grants below) (ii) Other Pooled funds - including Common Humanitaria Emergency Response Funds, UN Trust Fund for Human Secontributions received in 2016 through these various pool | n Fund (CHF), Humanitar ecurity, etc. (Put the figur | ian Response Funds, re representing total |
| UNOCHA | SM160359 | 225,004 |
| d) Other types of humanitarian funds | | |
| Total humanitarian funds received in 2016 | | 12,016,532 |
| II. Carry-over of humanitarian funds available in 2016 | | |
| e) Carry over Thematic Humanitarian Funds | | |
| Thematic Humanitarian Funds | SM149910 | 22,981,762 |
| f) Carry-over of non-thematic humanitarian funds (List carried forward from prior year(s) if applicable | by donor, grant and prog | rammable amount being |
| United States Fund for UNICEF | SM160388 | 195,385 |
| USA USAID | SM150297 | 5,091,253 |
| UNICEF-Argentina | SM150518 | 28,484 |
| Netherlands Committee for UNICEF | SM150320 | 3,281 |
| UNOCHA | SM160359 | 11,084 |
| Total carry-over non-thematic humanitarian funds | 5,329,487 | |
| Total carry-over humanitarian funds (e + f) | | 28,311,249 |
| III. Other sources (Regular Resources set -aside, diversion | on of RR - if applicable) | |
| Example: Regular resources diverted to emergency | | |
| Total other resources | | |
| | | |

Table 3: Thematic humanitarian contributions received in 2016

| Thematic Humanitarian contribution received in 2016 (in USD):Donor | Grant Number | Programmable Amount (in USD) | Total Contribution Amount (in USD) |
|--|--------------|---------------------------------|------------------------------------|
| Australian Committee for UNICEF | SM1499101237 | 46,258 | 48,571 |
| Belgian Committee for UNICEF | SM1499101194 | 9,826 | 10,317 |
| Canadian UNICEF Committee | SM1499101141 | 9,524 | 10,000 |
| Czech Committee for UNICEF | SM1499101247 | 131,213 | 137,774 |
| Danish Committee for UNICEF | SM1499101139 | 282,274 | 296,388 |
| Finnish Committee for UNICEF | SM1499101137 | 236,131 | 247,938 |
| | | · · | ŕ |
| German Committee for UNICEF | SM1499101167 | 196,320 | 206,136 |
| International On-line Donations | SM1499100923 | 3,977 | 4,175 |
| Italian National Committee | SM1499101204 | 578,508 | 607,434 |
| Lithuanian National Comm for UNICEF | SM1499101351 | 12,210 | 12,821 |
| Luxembourg Committee for UNICEF | SM1499101187 | 108,500 | 113,925 |
| New Zealand Committee for UNICEF | SM1499101198 | 15,700 | 16,485 |
| Norwegian Committee for UNICEF | SM1499101144 | 53,055 | 55,707 |
| Polish National Comm for UNICEF | SM1499101180 | 14,618 | 15,349 |
| Spanish Committee for UNICEF | SM1499101183 | 71,275 | 74,839 |
| Spanish Committee for UNICEF | SM1499101184 | 934,276 | 980,990 |
| Spanish Committee for UNICEF | SM1499101233 | 70,235 | 73,747 |
| Turkish National Comm for UNICEF | SM1499101354 | 5,242 | 5,504 |
| UNICEF Hungarian Foundation | SM1499101344 | 77,436 | 81,308 |
| UNICEF-China | SM1499100890 | 512 | 538 |
| UNICEF-Malaysia | SM1499100860 | 8,519 | 8,945 |
| United Kingdom Committee for UNICEF | SM1499101253 | 97,888 | 102,782 |
| United States Fund for UNICEF | SM1499101148 | 924,204 | 970,415 |
| Allocation from global thematic humanitarian | | | |
| Total | | 3,887,703 | 4,082,088 |

H. Future Work Plan

UNICEF plan for recovery and reconstruction activities will continue for 2017 and some residual work may be ongoing in 2018. The ongoing support will contribute to government's effort of building back better. The strengthening of government systems and increasing the capacity of the government at national and subnational level will contribute to ensuring a smooth transition from humanitarian recovery and reconstruction to development aspects. Below is the highlight of key activities to be carried out in 2017 per sector:

Health: Construction of prefab health facilities as well as strengthening of cold chain system at district level will continue in 2017. In addition, health section will focus on strengthening the referral system for safe motherhood and newborn services as well as building the capacity of health facilities as comprehensive centres of excellence sites to provide quality MNCAH services.

Nutrition: Focusing on the capacity building of the government to conduct nutrition assessments and surveillance as well as implement key nutrition interventions initiated since mid-2015 (promoting breastfeeding, timely and appropriate complementary feeding, identification and treatment of children with acute malnutrition and provision of micronutrients for children and women) will continue in 2017. Further, in line with Post Disaster Recovery Framework (PDRF) developed by the MoH of GoN, UNICEF will continue its nutrition recovery support through technical support to MoH to maximize the government efforts.

WASH: Systems strengthening, capacity building and support to service delivery in the areas of water and sanitation and access water will continue in 2017. Water safety plans that have been developed will ensure risk reduction element and will be strengthened during the year. Schools that have transitional learning centres will be supported to have water and prefab health posts that also do not have water, will be supported to have water available. Where required, the erection of gender friendly toilets in the prefab health post with a separate room to house the invertor and batteries will also be built by the WASH partner. Selected districts will receive support to achieve open defecation free status through provision of sanitation facilities and hygiene promotion.

Child Protection: Technical and financial support to MoWCSW and Social Welfare and Civil Society Organizations to strengthen the national child protection systems with focus on enhancing the resilience of children, their families and communities will continue in 2017. To achieve this, UNICEF will focus on improving the government's and CSOs capacity to provide systematic case management services, strengthen the psychosocial centres with quality psychosocial services, improve the safety net to better protect children and women from being trafficked and refer cases for appropriate services for the survivors of trafficking. UNICEF will continue to support the phased implementation of PRIMERO Child Protection Information Management System (CPIMS+) in the 3 districts of the Kathmandu valley and based on the results of the piloting, UNICEF will advocate with the Government to adopt the system nationwide.

Education: Providing children and communities in earthquake-affected districts with the support required in education sector will continue in 2017. Implementation of a recovery package targeting schools will include: 1) two-classroom transitional learning centres using higher quality semi-permanent materials, 2) gender and disabled-friendly WASH facilities, 3) educational and recreational materials, and 4) training for teachers, SMCs and PTAs on DRR, resilience, and comprehensive school safety. Assistance will be provided to District Education Offices (DEO) to support emerging needs of communities and School Management Committees (SMC) to plan and prepare for the reconstruction phase. Community engagement activities will include meetings with individual School Management Committees (SMCs) to provide information and help them understand and address their own particular situation (e.g., red flagged buildings, TLCs, reconstruction plans, soft component needs, etc.) in targeted schools. The Rapid Structural Assessments of school buildings conducted in May and June 2015 and the Structural Integrity Detailed Assessments (SIDA) will be shared with SMCs and parents to ensure that there is an understanding of why buildings were assessed as unsafe, and why they should not be used. Many communities and staff believe that their school will be rebuilt within the coming year. However, the reconstruction phase could take up to five years or more. As information on the recovery and reconstruction plans is released from the Ministry of Education, the community will be made aware of these plans. All information shared with the community (such as School Safety guidance and building codes) will be those approved by the DOE.

Additionally, UNICEF will continue to support the Government of Nepal's Ministry of Education, Department of Education and the Central Level Project Implementation Unit tasked with reconstruction support in improving the coordination, data management, and assistance required for addressing continued needs in earthquakes for most affected districts with high numbers of damaged and

destroyed schools and classrooms. Activities are already underway to assist the government in utilizing data collected from the Structural Integrity Detailed Assessments for district level profile cards, and to use this information to increase information sharing, coordination, and advocacy for coverage of gaps and needs in reconstruction efforts.

Cross-cutting (C4D, ADAP and CFLG): UNICEF will continue in its efforts to reach people with critical, lifesaving information and ensure accountability to affected populations by providing platforms through which communities can communicate with duty bearers on their needs and concerns. A radio drama series will be developed coupled with feedback and voices from the communities on issues that affect them. The drama series will be aired nationally and through community radios in 42 of 75 districts in five different languages. UNICEF will also continue its communication and social mobilisation activities to help build resilience and capacities of communities with a focus on youth, to better prepare and respond to future emergencies. In particular, training modules like Rupantaran and training of trainers (ToT) on adults (parents) packages, orientation on child clubs formation and mobilisation guidelines will continue beyond 2016.

SPEA: UNICEF will work towards incorporating the lessons learned from the Emergency Cash Transfer Programme into national policy Frameworks. UNICEF will work with Ministry of Home Affairs to make sure that the national disaster management strategy reflects on possibility of expanding social assistance model in case of future emergency. The draft national Framework on Social Protection will be informed and make sure the emergency cash transfer model is adopted as one key approach of cash transfer in emergency. In addition, UNICEF will support the government in system strengthening in collaboration with other development partners.

Communication: In 2017, UNICEF Nepal will continue to produce high-quality multimedia communication materials to highlight the work for children and women in earthquake-affected districts, especially to mark the two-year anniversary of the 2015 earthquakes. In addition, the office will also be hosting donors, National Committees and other partners to the affected districts not just to keep them abreast of the progress made in the post-disaster recovery phase, as well as to impress upon them the need to build up the resilience capacity in communities against major disasters in the future in a country that is vulnerable to various natural disasters.

I. Expression of Thanks

UNICEF Nepal deeply appreciates and thanks each and every donor for their generous contributions in supporting the population particularly children and women affected by devastating earthquake in Nepal. UNICEF Nepal also thanks line Ministries and Departments for their cooperation and support at the central, districts and community levels. UNICEF also appreciates the collaboration and partnerships with all development partners, local and international NGOs working in different sectors to achieve results for the people of Nepal.

J. Donor Feedback Forms

Reports should also include a donor feedback form as an annex: English; French

K. Contacts

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L. Annexes to the CER

a. Human Interest Stories

Transitional Learning Centres provide safe and child-friendly learning space in postearthquake Nepal

By Aayush Niroula

Nepal's recovery from the devastating quakes of April 2015 is happening across steep, harsh terrains, and amidst a torrent of supply and logistical difficulties. Permanent reconstruction has barely begun and is expected to take years. Meanwhile, thousands of children in the earthquake-affected districts are at risk of losing out on good, productive education as the process catches on.

To intervene on this situation, and meet the needs of the children and educators better, UNICEF and the European Union in partnership with the Government of Nepal, has committed to construct 650 Transitional Learning Centres (TLCs) across nine earthquake-affected districts. The project also supports educational recovery in Nepal with Early Childhood Development, recreation, and school supplies. In addition, the project also trains teachers in the use of kits, and on the ways of teaching in the post-quake educational scenario.

The TLCs have a life expectancy of about 3–5 years and are aimed at providing safe and child-friendly learning environment for children. The design has been approved by the Department of Education of Nepal. When permanent buildings are built, these TLC structures may be used as libraries, music rooms, or other venues for the school.



Figure 1: The TLC at Siddhikamala Devi Higher Secondary School in Sindhupalchowk District is one of 650 TLCs being constructed as part of EU-UNICEF partnership. © UNICEF Nepal/2016/ANiroula

One such TLC is at Siddhikamala Devi Higher Secondary School in Sindhupalchowk District. A couple of the school's facilities had collapsed because of the earthquake, and most other buildings were rendered unusable. Since then, the students have been studying under temporary structures. Pushkar Rayamajhi,

the head teacher at the school, was very concerned for the students and was very grateful when his school was selected to have Transitional Learning Centres built in a nearby area.

"The temporary infrastructure was meant for the emergency period," he said. "We cannot wait for permanent buildings to be constructed because right now we are at a loss against natural elements."



Figure 2: Students at Siddhikamala Devi Higher Secondary School in Sindhupalchowk District are under temporary structures. © UNICEF Nepal/2016/ANiroula

He also added, "Dust blowing into the classroom is a huge problem. And we have a whole month of windy days at the end of the year. How can the students concentrate on their studies? The space is congested and not suitable for learning."

The building of Transitional Learning Centers has provided an opportunity for his students to study in a safe, earthquake resilient building for which he is very grateful.

Mr. Rayamajhi grew up studying in the same school. He feels responsible for taking care of the school and for the children who are studying there. He is very thankful for the TLCs and the support provided by UNICEF and the EU.

"It is the kids who have been enduring these conditions, and if not for the transitional structures that would have been true for more years to come," he said.
###

Small support, big help

Narayan Bhakta Yando was living a life of a normal septuagenarian when a 7.8 magnitude earthquake struck Nepal on 25 April 2015.

The 72-year-old got injured during the devastating earthquake. Since then he hasn't been able to walk and needs support of elbow crutches for any movement. It was especially difficult for him to go to toilet as the family only had the traditional squatting pan.



Mr. Yando's distress came to UNICEF's notice as part of its emergency earthquake response in his community. He was provided with a disable-friendly toilet, which he said changed his life.

"It was difficult for me to use normal toilet as I cannot walk and stand without elbow crutches," he said. "I needed support of others to go to the toilet. This new toilet has made my life much more comfortable."

He also participated in the UNICEF-supported hygiene promotion activities carried out in his community and was very satisfied with the service provided to him and to the community.

"I am very thankful for all the support," he said.

###

Soma's little warrior

Bhaktapur, Nepal: Soma Devi Timalsina, a nurse by profession was gravely worried seeing her daughter's deteriorating health. Soma used to work at Maternity Hospital in Kathmandu before giving birth to her daughter Arju. Being aware of the importance of nutrition, regular health check-ups and diet during antenatal, she was cautious of possible complications. She completed all four antenatal checkups and gave birth to a healthy baby that weighed 3 kg.

She had a busy schedule because of her work. Despite the challenge, she exclusively breastfed her newborn for six months. She started complementary feeding to her daughter Arju from the seventh month that was quite a relief for her as she could continue working. She resumed her regular works at the hospital and took take care of her daughter at home.

Soma had never imagined that her work would be a hindrance to her child's health. Her daughter stopped eating properly that further led to a decrease in her appetite. Arju refused to eat the complementary food she was being offered and depended completely on breast milk. Soma started preparing homemade nutritious food for her baby but Arju refused to eat that as well. As a result, Arju began to lose weight drastically.



This severe decrease in weight scared Soma and she frantically consulted a known pediatrician. Arju was prescribed with iron syrup for the next 2 months but the syrup did not produce the expected results. Soma was very worried about her child's health. As a consequence of this, she decided to leave her work to focus on her daughter's health. She spent additional three years consulting nutritionists and dietitians but all her hard efforts went in vain.

She joined Dadhikot Primary Health Centre (PHC) before the earthquake as a health worker. During her work, she was exposed to the nutrition "Humanitarian Nutrition Assistance for Recover Action", an intervention in which UNICEF is working in Dadhikot in collaboration with the District Public Health Office and Social Development and Promotion Centre, an NGO to support earthquake-affected population for better nutrition among women and children where many women and their children are screened for malnutrition and necessary action is taken to address lack of proper nutrition issues.

Soma got an opportunity to participate in the Integrated Management of Acute Malnutrition (IMAM) training that was being conducted in Bhaktapur District.

Even during the entire training period, she was worried about her child's deteriorating health. In training, she learned about malnutrition, its symptoms and ways to treat malnutrition. As soon as the training completed, she brought her daughter to the same PHC she was working for. Arju was screened, identified as moderately malnourished. At the time of screening, her weight was 13 kg and mid-upper arm circumference (MUAC) measurement was 12.4 cm. Arju was fed ready-to-use supplementary food for two months as per the instruction.

"I couldn't be happier to see her progress. Her appetite was increased and she started gaining some weight", Soma remembers. Arju began to eat other homemade food that she had earlier refused to eat. Arju became more engaged, active and playful. During her discharge on 6 June 2016, her MUAC measurement was 13.8 cm which was in the normal range.

"I am very happy to see my daughter healthy and I feel joy when I see her playful acts," Soma added, "Today my daughter Arju is physically and mentally healthy. Even the principal of Arju's school complimented me saying that Arju has become very smart, active and healthier than before."

Thanks to IMAM programme that helped to recover Arju and has provided a renewed opportunity for her to be engaged, happy and healthy. Soma felt thankful for this programme being in place and also shared her story with other mothers who visited the Dadhikot outpatient therapeutic clinic to get their children screened. These mothers feel hopeful that their children can also improve after learning of Soma's positive experience.

b. Other Human Interest Stories

The UNICEF Nepal website was used as platform to publish the following Human Interest Stories and videos shared below. More stories, photos and videos are also available at http://unicef.org.np/latest-updates/stories.

Aryal, Mallika. "After the earthquake, schoolchildren in Nepal adjust to a new reality." 2016. http://unicef.org.np/latest-updates/stories/2016/05/09/after-the-earthquake-schoolchildren-in-nepal-adjust-to-a-new-reality

Aryal, Mallika. "After years of abandonment, a child-headed household finds a ray of hope a year after Nepal earthquake." 2016. http://www.movingon.org.np/?p=131

Aryal, Mallika. "Expecting and new mothers feel warm inside winterized UNICEF shelter home." 2016. http://www.movingon.org.np/?p=58

Aryal, Mallika. "In Nepal, UNICEF helps heal earthquake's mental wounds." 2016.

http://unicef.org.np/latest-updates/stories/2016/05/09/in-nepal-unicef-helps-heal-earthquake-s-mental-wounds

Aryal, Mallika. "In Nepal, UNICEF helps restore education of earthquake-affected children." 2016. http://unicef.org.np/latest-updates/stories/2016/05/09/in-nepal-unicef-helps-restore-education-of-earthquake-affected-children

Gurung, Abhilasha. "Kindling hope for mothers in earthquake-affected Nepal." 2016.

https://blogs.unicef.org/blog/kindling-hope-for-mothers-in-earthquake-affected-nepal/

Khan, Muhammad Idrees. "From one epicentre to another." 2016. https://blogs.unicef.org/blog/from-one-epicentre-to-another/

Manandhar, Sharmina. "'Under the tent' photo book and exhibition launched as part of UNICEF's 70th anniversary celebration in Nepal." 2016. http://unicef.org.np/latest-updates/stories/2016/12/11/under-the-tent-photo-book-and-exhibition-launched-as-part-of-unicef-s-70th-anniversary-celebration-in-nepal

Newar, Naresh. "Back on her feet, Akriti is now going to school." 2016.

http://www.movingon.org.np/?p=86

Newar, Naresh. "Orphaned by the earthquake, Anjali moves on with community support." 2016.

http://www.movingon.org.np/?p=91

Paudel, Avinashi. "Bearing the brunt in Barpak." 2016. http://www.movingon.org.np/?p=95

Paudel, Avinashi. "Growing up at the epicentre." 2016. http://www.movingon.org.np/?p=127

Paudel, Avinashi. "The cool granny." 2016. http://unicef.org.np/latest-updates/stories/2016/05/10/the-cool-granny

Paudel, Avinashi. "Listening to children's voices at the epicentre and elsewhere." 2016.

http://unicef.org.np/latest-updates/stories/2016/05/10/listening-to-children-s-voices-at-the-epicentre-and-elsewhere

Paudel, Avinashi. "Resilient by force and choice." 2016. http://unicef.org.np/latest-

<u>updates/stories/2016/05/09/resilient-by-force-and-choice</u>

Singh, Sanjeev. "My journey with UNICEF: How I became a humanitarian worker." 2016.

https://blogs.unicef.org/blog/journey-unicef-became-humanitarian-worker/

"UNICEF promotes good hygiene behaviour during disaster." 2016. http://unicef.org.np/latest-updates/stories/2016/05/20/unicef-promotes-good-hygiene-behaviour-during-disaster

c. Photos and Videos

Photos are available at http://uni.cf/1HPxXuS

Nepal Public Health Foundation and UNICEF Nepal. "Health promotion in action." 2016.

https://www.youtube.com/watch?v=Bc_X3xrdgDU

 ${\tt UNICEF\ Nepal.\ "Coming\ together\ to\ revitalize\ earthquake-hit\ communities\ in\ Nepal.\ One\ school\ at\ a}$

time." 2016. https://medium.com/@UNICEFNepal/coming-together-to-revitalize-earthquake-hit-

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UNICEF Nepal. "Community in Gorkha celebrates its school." 2016.

https://medium.com/@UNICEFNepal/celebrations-were-in-order-after-shree-karmasingh-primary-

school-in-the-earthquake-hit-district-of-51c68d7ecc35#.xp00z8f1j

UNICEF Nepal. "Health centre run under UNICEF medical tent." 2016.

https://www.youtube.com/watch?v=gLwpOIrvqsM

UNICEF Nepal. "Immunizing in the Epicentre." 2016. https://www.youtube.com/watch?v=bY8cyowqqsQ

UNICEF Nepal. "Impact of snow and cold winter." 2016.

https://www.youtube.com/watch?v=ThToCVsKjvs

UNICEF Nepal. "Meena Adhikari, UNICEF partner and earthquake widow." 2016.

https://www.youtube.com/watch?v=EsNVIgmSrPE

UNICEF Nepal. "Nepal Earthquake: Communication for Development Response." 2016.

https://www.youtube.com/watch?v=cXmLexN C9s

UNICEF Nepal. "Nepal Earthquake: Communication for Development Response [Summary]." 2016.

https://www.youtube.com/watch?v=edg1HoRvrUk

UNICEF Nepal. "Nepal Earthquakes: One Year Mark | Thank you for your support." 2016.

https://www.youtube.com/watch?v=uR7fZ5fSdE8&t=10s

UNICEF Nepal. "Reaching the most vulnerable: cash transfers as an emergency response in Nepal." 2016.

https://www.youtube.com/watch?v=f4T-7cP7QbQ&t=3s

UNICEF Nepal. "UNICEF Shelter Home for pregnant and lactating women and their newborns." 2016.

https://www.youtube.com/watch?v=pJP3Msa08 4

d. Curriculum Matrix for "Rupantaran"

| S.N. | Session | Time | Main topics | Objectives | Duration |
|------|------------------------------------|---------------------|---|---|----------------|
| | | | Identification of family, friends and community members during normal and disaster situations | O Adolescents will be able to identify trustwo people in family, school and community dur normal and disaster situations. | |
| 1 | My World | 4 hr. | Trust building | Adolescents will be able to share at least tw importance of building trust in order to wor a group. | - |
| | | | Effective communication for stress management | O In times of stress, adolescents will be able to share their feelings and problems effectively with trustworthy people. | |
| | | | Identification of safe and unsafe places in diverse communities | Adolescents will be able to identify safe and unsafe places during normal and disaster situations. | 1 hr. |
| | | | Difference between dream and goal | O Adolescents will be able to differentiate between dream and goal. | 30 min |
| 2 | Self- awareness | ss 1 hr. | Challenges in realization of goal (including during disasters) | O Adolescents will be able to identify and face challenges in realization of goals. | 30 min |
| | Rights and Responsibiliti es | esponsibiliti 2 hr. | Difference between wants and needs | O Adolescents will be able to differentiate between wants and needs. | 15 min |
| | | | Rights | O Adolescents will be able to give practical examples about their rights. | 30 min |
| 3 | | | Exploring measures for securing rights | O Adolescents will be able to make non-violer demands with various stakeholders and explore various measures to claim their righ | 25 min |
| J | | | Developing self- confidence during disasters | Adolescents will be able to give examples of how every person can work according to the capacity in any circumstance if given the opportunity. | |
| | | | Responsibilities | O Adolescents will be able to explain their responsibilities in accordance with the circumstances. | 10 min |
| | | | Identification of sex and gender and gender discrimination | O Adolescents will be able to differentiate between sex and gender and explain gende discrimination. | 1 hr. 15 min |
| 4 | Gender and Social | 3 hr. | Social inclusion during normal and disaster situations | Adolescents will be able to identify the form of social discrimination and advocate for so inclusion measures for ending discriminatio | cial 1 hr. |
| | Inclusion | | Equality and equity | O Adolescents will be able to differentiate between equality and equity, identify meas for establishment of equitable society and advocate for such measures at appropriate time and place. | ures 45 min |
| 5 | Puberty | 2 hr. | Physical, emotional (mental) and social changes that take place during puberty | O Adolescents will be aware of and be able to explain the physical, emotional and social changes that occur during puberty. | 1 hr. |

| | | | Changes during puberty and common | 0 | Adolescents will be able to explain about changes that take place during puberty such as | |
|---|--|-----------------------------|---|---|--|--------------|
| | | | perceptions of such changes | | masturbation, night fall, menstruation, change in voice, etc. | 40 min |
| | | | Sexual and reproductive health and rights | 0 | Adolescents will be able to explain about sexual and reproductive health and rights. | 35 min |
| | | | Menstruation and menstrual hygiene during normal and disaster situations | 0 | Adolescents will be aware of menstruation, menstruation cycle, possible disturbance in menstruation process during disasters, other physical problems and menstrual hygiene, as well as explain about them to others. | 1 hr. 30 min |
| 6 | Sexual and Reproductive Health | 6 hr. | Sex, sexuality and safe sexual contact | 0 | Adolescents will be able to explain about sex, sexuality and safe sexual contact and adopt safe practices. | 1 hr. |
| | nealth | | Sexually transmitted infections (STIs), contraceptives and safe abortion | 0 | Adolescents will acquire information about STIs, HIV/AIDS, contraceptives and safe abortion, and will be able to share measures for prevention and treatment of STIs and HIV/AIDS; contraceptives and management of safe abortion. | 1 hr. 30 min |
| | | | Risks associated with early pregnancy and safe motherhood | 0 | Adolescents will be aware and able to explain about early pregnancy, its consequences and safe motherhood. | 1 hr. |
| 7 | Gender-based Violence | | Types of violence and GBV during normal and disaster situations (child marriage, domestic violence, | | Adolescents will be aware and able to explain about violence, types of GBV that could take place during normal and disaster situations, its negative consequences on affected people and measures that should be adopted for protection. | 4 hr. |
| | (GBV) | | sexual violence and human and child trafficking) | 0 | Adolescents will be able to explain about prevalent legal provisions against violence and agencies that should be approached to seek legal remedy as necessary, and to contact stakeholder agencies. | 1 hr. |
| | | | Resources, importance of natural resources, conservation and proper utilization | 0 | Adolescents will be able to acquire information and explain about resources, importance of natural resources, conservation and proper utilization to their families and neighbours. | 45 min |
| 8 | Natural Resources, Disaster Risk Management | ster Risk nagement 4 hr. | Risks associated with natural hazards and their management | 0 | Adolescents will be able to acquire information about hazards and disasters caused by hazards and explain about preparations against disasters, responses, rehabilitation and mitigation measures and actions to their families, friends and community people to protect from disasters. | 1 hr. |
| | and Climate Change Adaptation | | | 0 | Adolescents will be able to explain about the risks to women, children and adolescent girls due to natural disasters. | 45 min |
| | | | Climate change and adaptation | 0 | Adolescents will be able to explain the differences between climate and weather, causes of climate change, hazards and possible disasters arising from climate change, and adaptation measures to be adopted to minimize hazards, and role of adolescents. | 1 hr. 10 min |

| | | | | 0 | Adolescents will be able to explain about first aid, first aid principles and the responsibilities | 1 hr. 15 min |
|----|--|--|---|---|---|--------------|
| 9 | First Aid | 2 hr. | hr. First aid during disasters | 0 | of people administering first aid. Adolescents will become alert to the precautions that should be taken while providing first aid services during disasters and be able to explain to others. | 45 min |
| | | | | 0 | Adolescents will be able to identify the individuals and institutions providing first aid services and explain about them and approach them, as needed. | 3 |
| | | | Importance of personal and community hygiene during normal and disaster situations and methods | 0 | Adolescents will be able to explain about the importance of personal and community hygiene and their methods. | 1 hr. 15 min |
| | Personal hygiene and good habits | ygiene and 4 hr. | Unhealthy behaviors and addictions | 0 | Adolescents will develop the skill to refuse, with self-confidence, in order to protect themselves against unhealthy habits and addictions from friends/peers. | 45 min |
| 10 | | | Diseases caused by lack of hygiene, methods by which infection spreads and identification of potential epidemics | 0 | Adolescents will be able to explain about the methods by which diseases spread and apply measures against diseases in normal and disaster situations in behaviour. | 45 min |
| | | | Matters to be paid attention to in respect of cleanliness and hygiene of drinking water during normal and disaster situations | 0 | Adolescents will be able to explain about clean and safe water, water treatment methods, sanitation and hygiene and apply them in behaviour. | 1 hr. 15 min |
| | 11 Nutrition | Four gr nutrition their im Nutrition 3 hr. Lack of during situation available Availab | Nutrition, malnutrition cycle and its consequences | 0 | Adolescents will be able to explain about nutrition, inter-generational malnutrition cycle and its consequences. | 1 hr. |
| | | | Four groups of nutritious food and their importance | 0 | Adolescents will be able to list foods available at local level, categorize nutritious food in four groups and motivate their family members to eat available food according to four groups. | 45 min |
| 11 | | | Lack of nutritious food | 0 | Adolescents will be able to identify under- nutrition among adolescent boys and girls during normal and disaster situations. | |
| | | | during disaster situations and availability | 0 | Adolescents will be able to advocate in their families and neighbourhood against gender-based discrimination in food consumption and that everybody has equal right to nutritious food. | 45 min |
| | | | Available services related to nutrition | 0 | Adolescents will be able to identify organizations that work to make nutritious food available at local level during times of disasters and approach such organizations. | 30 min |
| | Chale | Plan formulation | Plan formulation process and | 0 | Adolescents will be able to explain about the plan formulation process and how they can participate in that process. | |
| 12 | Civic participation | 2 hr. 30 min | participation of adolescents in local planning process | 0 | Adolescents will be able to explain about the process of their participation in activities such as plan formulation, implementation and monitoring at local level. | 1 hr. |

| | | | Participation, public hearing and participation of adolescents in public hearings | 0 | Adolescents will be able to explain about participation and public hearing. Adolescents will be able to frame model questions for public hearings. | 1 hr. | | | | | | | | | | | | |
|----|-----------------------|-----------|---|---------------------|---|---|--------|--|----------------|---|--|--------|--|--|--------------|---|--|--------|
| | | | Registration and voter | 0 | Adolescents will be able to discuss the advantages and disadvantages of registration (personal event registration) during normal and disaster situations. Adolescents will be aware of and encourage registration of personal events related to them | 30 min | | | | | | | | | | | | |
| | | | list | 0 | and members of their families, as needed. Adolescents will be able to discuss the importance of voting and registration of voter list and make the adult members of their families aware of voting and encourage them to vote during election. | 30 111111 | | | | | | | | | | | | |
| | | | Income, expenses and | 0 | Adolescents will be able to understand the importance of income, expenses and savings management and explain the advantages of savings in normal and disaster situations. | 30 min | | | | | | | | | | | | |
| | Savings and expenses | - 1 3 nr. | savings management during normal and disaster situations | 0 | Adolescents will be able to formulate and present personal budgets. | 30 min | | | | | | | | | | | | |
| 13 | | | 3 hr. | uisastei situations | 0 | Adolescents will be able to distinguish between good and bad habits related to saving and spending. | 30 min | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Smart savers | 0 | Adolescents will be able to explain the advantages of saving financial and other resources in normal and disaster situations and proper use and importance of local resources. | 30 min |
| | | | | | | | | | Ethical savers | 0 | Adolescents will be able to list qualities of ethical and successful savers. | 30 min | | | | | | |
| | | | Identification of best savings option | 0 | Adolescents will be able to explain about various savings management options. | 30 min | | | | | | | | | | | | |
| | | | Livelihood and livelihood options, personal skills, trend analysis | 0 | Adolescents will be able to analyse their skills and capacity and explain about the advantages and disadvantages of employment and self-employment. | 1 hr. 10 min | | | | | | | | | | | | |
| 14 | Livelihood options | | Selection of jobs or entrepreneurship and planning | 0 | Adolescents, knowing the difference between jobs and entrepreneurship, will become able to select suitable sector for themselves and develop plans. | 1 hr. 10 min | | | | | | | | | | | | |
| | | | Sustainable rural livelihood | 0 | Adolescents know the importance of various sources of sustainable rural livelihood and renewable energy and are able to explain to their friends and family. | 50 min | | | | | | | | | | | | |
| | | 45 hr. | | | | 45 hr. | | | | | | | | | | | | |