

www.ifrc.org
Saving lives,
changing minds.

Revised Emergency Plan of Action (EPoA) Nepal: Earthquake

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRNP008	Glide n° EQ-2015-000048-NPL
Date of issue: 2 August 2016	Date of disaster: 25 April 2015
Point of contact in IFRC Nepal Country Office: Max Santner Head of Delegation Email: max.santner@ifrc.org	Point of contact in the Nepal Red Cross Society: Dev Ratna Dhakhwa Secretary General Email: dev@nrccs.org
IFRC Operations Manager: Michael Higginson Programme Coordinator Email: michael.higginson@ifrc.org	Nepal Red Cross Society operational contact: Umesh Prasad Dhakal Head of Emergency Response Operation (ERO) Email: umesh@nrccs.org
Operation start date: 25 April 2015	Expected timeframe: 32 months (until 31 December 2017)
Overall operation budget: CHF 84.9 million	DREF allocated as loan to appeal: CHF 500,000
Number of people affected: Around 8.5 million	Number of people to be assisted: 700,000 people (140,000 families)
Host National Society presence (n° of volunteers, staff and branches): Nepal Red Cross Society (NRCS) has presence in all 75 districts of the country in the form of district chapters and more than 1,300 sub-chapters. More than 7,000 staff and volunteers – including District Disaster Response Teams (DDRT), National Disaster Response Team (NDRT) and First Aid – have been mobilized in the most affected districts.	
Red Cross Red Crescent Movement partners actively involved in the response (in-country as per July 2016): American RC, Australian RC, Belgium RC – FL, British RC, Canadian RC, Danish RC, Japanese RC, Korean RC, Norwegian RC, Spanish RC and Swiss RC.	
Other partner organizations actively involved in the operation: As well NRCS and its Movement partners, there are other actors who are undertaking various interventions in earthquake-affected areas.	
<p>These can be classified into the following categories:</p> <ul style="list-style-type: none"> • Government ministries and agencies, including the Ministry of Home Affairs (MOHA), District Disaster Response Committee (DDRC), security forces • Technical clusters: IFRC and NRCS participate in all technical cluster and IFRC is emergency shelter cluster leader/convener. • UN agencies, including ILO, IOM, OCHA, UNDP, UNICEF, UN HABITAT, WFP and WHO. • International NGOs, including Care, Handicap International, Oxfam, Plan and Save the Children. • Local NGOs, including Rural Reconstruction Nepal. 	

A. Situation analysis

Description of the disaster

An earthquake measuring 7.8 magnitude struck an area between Kathmandu and Pokhara in the morning of 25 April 2015. A series of aftershocks followed causing further damage with the strongest one measuring 7.3 magnitude on 12 May 2015.

According to the Government of Nepal, close to 9,000 fatalities and 22,000 injuries resulted from the 25 April and 12 May 2015 earthquakes that destroyed 602,592 and damaged 284,482 houses. A total of 14 districts were the most severely affected (Category A). They include Gorkha, Kathmandu, Bhaktapur, Lalitpur, Sindhupalchowk, Ramechhap, Dolakha, Nuwakot, Dhading, Rasuwa, Sindhuli, Okhaldhunga, Makwanpur, and Kavre. An additional nine districts (Sangja, Chitwan, Kaski, Tanahu, Khotang, Solukhumbu, Udayapur, Bhojpur and Lamjung) had medium level (Category B) damages. Many of the hardest-hit areas were rural, with some of them remote and difficult to reach, because of landslides and damaged/blocked access routes. The Government of Nepal (GoN) declared a state of emergency on 25 April 2015 and appealed for humanitarian assistance across the region.

On the basis of altitude, Nepal is divided into five geo-physical regions: The High Himalayas (with permanent snow); The High Mountains (with occasional snow); The Middle Mountains (with no snow); The Siwaliks (with no snow) and Terai plains (with no snow). During winter, Nepal's snowline drops to approximately 2,000 meters and covers the High Mountains. The effects of this snowfall are felt across the country. In normal times, coping strategies saw the population through the winter months. Those living in higher areas had the advantage of generations of knowledge and wisdom on preparing for winter and had robust coping strategies – like their homes made of thick-walled high thermal mass buildings, purchasing warm clothes, preparing reserves and consuming calorie-rich food and stocking up on fuel. Livestock too provided a rich source of calories to ensure that families pulled through the winter. Much of winter life was spent indoors. With the onset of the latest Himalayan winter and in the context of a paucity of thermally-appropriate homes/shelters/houses in the aftermath of the earthquake, it became imperative for humanitarian agencies working in the country to come up with a strategy to alleviate poor living conditions where households from the earthquake affected region were living in temporary shelters. The main activity for Nepal Red Cross during this period involved responding to the seasonal needs of the earthquake affected people during the monsoons and the cold season

Seasonal June-to-September monsoon rains triggered landslides and floods, that exacerbated living conditions for people who lost their homes in the earthquake and hampered road and trail access, disrupting humanitarian aid delivery to some areas.

Less than six months after the earthquake, a political (and diplomatic) discord led to a blockade of the land-locked country's border trade and import crossings with its southern neighbour, India. The resulting fuel shortage crippled a nation beginning on its path to recovery into the first quarter of 2016.

The Reconstruction of Earthquake Affected Structures bill was passed by the legislature parliament on 16 December 2015. The Earthquake National Reconstruction Authority (NRA) was established in December 2015 and in February 2016 requested all organizations to stop housing reconstruction and associated plans until they were able to develop guidelines and sign agreements with partner organizations. Reconstruction guidelines were developed by NRA and circulated to all humanitarian organizations involved in recovery programmes and finalized in April 2016. The guidelines mentioned the need to sign a Memorandum of Understanding (MoU) with NRA as well as submit a proposal. IFRC and NRCS has been holding several discussions with NRA so as to get approval to commence their recovery activities, especially shelter reconstruction adding to the delays and prolonging the beginning of scaling up for recovery. The Agreement between NRCS and NRA was signed early June paving the way for the recovery stage of operations.

Summary of the response and action to date

Overview of host National Society

In the immediate aftermath of the 25 April earthquake, NRCS initiated its response, and its emergency response committee (ERC) activated the emergency operation centre (EOC). The national disaster response teams (NDRT), district disaster response teams (DDRTs) and central executive committee (CEC) members were immediately deployed in the affected districts. Several district chapter offices activated their EOC to coordinate the response operation. NRCS mobilized close to 8,000 of its staff and volunteers (first aid, rescue team, NDRT, psychosocial support (PSS), DDRT, water, sanitation and hygiene promotion (WASH) and restoring family links (RFL)) to support various activities including evacuation, assessment and relief distributions. The staff and volunteers also provided spontaneous assistance in affected communities, including caring for and transporting the injured people, helping out as caregivers in medical facilities and setting up temporary shelters.

In shelter, NRCS through IFRC Emergency Appeal reached over 36,000 families with shelter kits and conducted orientation on the contents of the shelter kits so that the targeted community members could set up temporary shelters. In addition, over 100,000 families were reached with tarpaulins for emergency shelter support. For the recovery phase of the operation, IFRC initially plans to reach 3,000 families with cash grants to construct their houses as well as train 540 mason who will assist families in constructing their own driven houses. As at now, a total of 12 trainings out of a planned 18 have been completed and, 360 masons have been trained so far.

WASH interventions supported by the Emergency Appeal included deployment of staff and volunteers, deployment of mass sanitation modules (MSMs), RDRT members, emergency relief and recovery WASH activities and monsoon preparedness plan. Specifically, the activities included trucking of water, distribution of jerry cans and hygiene kits, restoration/repairs of the water supply points, construction of latrines and hygiene promotion. All these interventions are in line with the emergency and recovery WASH guidance provided by NRCS. For the recovery phase, the WASH team repaired water supply schemes and 15,631 got access to clean and safe water.

NRCS health sector coordinated health activities in the country. IFRC field assessment coordination team (FACT), regional disaster response teams (RDRT) and the emergency response units (ERUs) worked together with NRCS to provide immediate health service in worst affected districts. Various community-based health activities were conducted through NRCS and ERUs in these locations. Red Cross volunteers were mobilized in the worst hit districts to disseminate health and hygiene messages focusing on hand washing, use of latrines, preparation and use of oral rehydration salts (ORS), providing psychosocial support and first aid.

During the initial stage of the recovery phase and in response to the winter season, Nepal Red Cross Society (NRCS), with support from Movement partners launched a cash distribution operation to meet the needs of 53,073 families in 16 targeted districts: Bhaktapur, Dhading, Dolakha, Gorkha, Kavre, Kathmandu, Lalitpur, Lamjung, Makwanpur, Nuwakot, Okhaldunga, Ramechhap, Rasuwa, Sindhuli, Sindhupalchok and Tanahun. A total of 49,996 families were reached with a grant of Nepali Rupee (NPR) 10,000 per family through cash distributions (cash in envelopes or by cheques). The cash distributions were conducted between the second week of December 2015 until the first week of January 2016.

On its part, IFRC, through this emergency appeal, supported NRCS in distributing cash in envelopes to 14,856 families (74,280 people) in six (6) districts namely: Dhading, Dolakha, Gorkha, Okhaldunga, Ramechhap and Sindhuli districts. This represents a 97% achievement as the targeted number of families to be reached was 15,245 families.

Overview of Red Cross Red Crescent Movement

Prior to the earthquake, a Movement coordination mechanism was already established consisting of the Nepal Red Cross as coordinator, IFRCV and ICRC, and continued to be in place during this operation. The NRCS, IFRC, PNS and ICRC have kept close contact to coordinate in line with the movement coordination mechanism and established an operations coordination mechanism for the duration of the relief stage in which all active Movement partners were included.

IFRC, ICRC and PNS supported the NRCS operation through surge deployments to provide immediate response. A total of 472 people were deployed at different phases of the response. They included head of emergency operations (HEOps), field assessment and coordination team (FACT) members; surge support delegates; emergency response unit (ERUs); regional disaster response team (RDRT); restoring family links, forensic and Movement coordination delegates and surge information management systems (SIMS) remote support.

In response to the winter needs of the earthquake affected population, NRCS in coordination with in-country Movement partners involved in seasonal support met regularly in the months of October and November 2015 to adapt the existing IFRC cash working guidelines so as to fit the seasonal response context in Nepal. As a result, an earthquake seasonal support package was developed and distributed to the targeted districts between end November and first week of December 2015. This package acted as a reference for cash distribution planning. It included guidelines on distribution process, winter messaging, beneficiary registration, proxy process, training guidelines, community engagement, reconciliation process and post distribution monitoring (PDM) guidelines.

In the recovery phase of the operation, IFRC presence in Nepal has right sized down from the large relief team assistance to focus on supporting of the NRCS emergency response operation (ERO) and providing technical and other support to that unit with their mandate to manage the recovery operations in coordination with the NRCS.

Currently, there are 11 Partner National Societies in country supporting the NRCS in its recovery plan for people affected by the earthquake. They are American RC, Australian RC, Belgium RC – FL, British RC, Canadian RC, Danish RC, Japanese RC, Korean RC, Norwegian RC, Spanish RC and Swiss RC. On June 2016, A Nepal partnership meetings

was held with the partners NS. A movement Recovery Plan Draft has been agreed following this meeting and will be shared with partners in the coming weeks once finalized.

Overview of non-Movement actors supporting the earthquake response

IFRC and NRCS coordinated their efforts with UN-OCHA and the Nepal government to ensure complementarity of response and to minimize the potential for overlap, and participated in the country cluster meetings and working groups, with a particular link to the shelter cluster formerly supported through this appeal and now returned back to its pre disaster system. IFRC managed the shelter cluster as part of its global agreement with the Inter Agency Standing Committee (IASC).

NRCS worked closely with UNICEF (hygiene kits), WFP (staple food) and a number of INGOs during relief distributions. The National Society also coordinated with relevant government ministries as detailed below:

- The health sector has been coordinating with the Ministry of Health and Planning (MoHP) at national and district level especially during the handover of basic health care units (BHCs).
- Consultations were held with key informants from agriculture extension offices, Department of Livestock and Chamber of Commerce to identify livelihood options that can be implemented during the recovery phase.
- At district level, the WASH sector coordinates with the agency of drinking water supply and sanitation under the government's Department of Water Supply and Sewerage (DWSS) during installation or repair of water systems. At national level, DWSS is the lead agency of the WASH cluster. NRCS conducted WASH assessments together with DWSS to identify needs of the communities affected by the earthquake.

Recovery phase

Monitoring the government planning for the recovery phase is ongoing as they continue to clarify their comprehensive strategies and procedures as NRCS endeavours to ensure that they are aligned to the recovery package of the Nepal Government. Central theme for the NRCS recovery is integration, a four plus one package – shelter, WASH, livelihoods and health, plus organizational development - guided by two central documents for the one plan approach for the Movement – the NRCS recovery framework and the operational guidelines. These two documents guide the planning and formation of strategies for Movement partners in the recovery stage. To date, in line with the goal of the NRCS the geographical focus for Movement partners are the 14 most affected districts (category A). Within the 14 districts, Movement partners have identified 11 in which they wish to undertake bilateral projects and the NRCS has requested the support of the IFRC in undertaking integrated projects in the other three districts namely; **Okhaldhunga, Ramechhap** and **Sindhuli**. IFRC continues its support to NRCS and Movement partners through workshops and trainings which are applicable for the Movement one plan as part of its obligation to promoting cohesiveness across the recovery plan.

Needs analysis, beneficiary selection, risk assessment and scenario planning

A participatory multisector assessment tool was developed by the various technical working groups which was used to inform recovery needs of the communities. Other methods and tools were also used to identify the priority needs of the targeted community. They include key informant interviews (KII), focus group discussions (FGDs), WASH household inventory, water source mapping, market surveys and household surveys.

Where available, secondary information on previous assessments conducted was used, triangulated with other data and reviewed for consistency. Below is a summary of findings from the targeted districts (Okhaldhunga, Ramechhap and Sindhuli).

Shelter

Housing programme: Shelter has been identified as a top priority within the integrated recovery response. According to the Government of Nepal, 498,852 houses are fully damaged and 256,697 are partially damaged. The rural areas were more affected than the cities due to inferior quality of construction work. The recovery strategy for shelter is based on the national recovery package of the Government of Nepal (GoN) which is central to the development of the Movement partners' project plans. Therefore, under GoN Earthquake Housing Reconstruction Programme (EHRP), houses will be reconstructed using earthquake resistant building techniques, and materials through an owner-driven approach thus improving long term resilience and promoting a culture of safer and sustainable housing and settlement.

The Central Bureau of Statistics (CBS) has conducted comprehensive door-to-door assessment of the damages on behalf of the Ministry of Federal Affairs and Local Development (MOFALD). The primary objective of the household survey was to establish a household level database and a list of potential beneficiaries for the EHRP. The beneficiary database will serve as the basis for identification of the programme beneficiaries and will also be effective during monitoring of the recovery process.

Health and care

The quake has had an impact on health infrastructure resulting in the disruption of health services, including medical and surgical consultations and treatment. Some health facilities have been extensively damaged while others have sustained partial damage. These impacts have rendered the facilities unsuitable for use until their integrity has been assessed. To ensure continued delivery of life-saving health interventions in severely affected areas, there is a need to support these health facilities and local health teams with the deployment of basic health care units and a rapid deployment hospital. In the medium term, rehabilitation of damaged health facilities will need to be undertaken, together with re-stocking.

Given the vulnerable situation of the affected population, there is a risk for outbreaks especially for water borne diseases. There is a need for immediate and medium term health promotion, disease prevention and surveillance activities at community level.

Malnutrition rate in Nepal prior to the earthquake was high. The acute malnutrition rate is likely to increase due to the impact of the earthquake. NRCS volunteers are well placed to address the community management of acute malnutrition. There is a need to develop a concept NRCS and pilot a community level nutrition programming and link it to the community resilience programming.

Some survivors are displaying signs of acute stress reactions and many are apprehensive of returning to their homes or going inside buildings for fear of aftershocks. Some survivors have lost close family members, friends or neighbours. There is the need to provide psychosocial support, including psychological first aid and psychosocial activities for children in affected communities. Emphasis will also need to be given to the psychosocial support for the National Society staff and volunteers working hard on the earthquake response some of whom are also directly affected by the earthquake.

Hygiene promotion and disease prevention: Disease prevention and health promotion activities at evacuation centres and at community level need to be undertaken immediately in order to protect health, and prevent the occurrence of outbreaks of diseases, including water and vector-borne diseases. There is also the need to promote safe water and food handling, and to provide hygienic items to reinforce practice.

Water sanitation and hygiene promotion

Water

Ongoing assessments indicate there is a decrease in availability of safe water to people affected by the earthquake due to following reasons:

- Damage caused to the water supply systems infrastructure.
- Migration of people due to their houses being damaged or their site of residence has become vulnerable.
- Water sources have been damaged or dried up due to landslides and or massive movement of rock formations following the earthquake and associated aftershocks.

In Rampur which is one of the target village development committee (VDC) of Ramechhap District, water source of the community has dried due to the effects of the earthquake and hence the water supply system is dysfunctional. People cannot construct houses without water. Hence the priority for the community is to construct a new water supply system with a source of water which has surfaced after the earthquake. NRCS will prioritise such water supply schemes through water source mapping exercise with the communities to ensure the integrated approach of sectors works well on the ground. The activity also highlights the need for an integrated approach to building back resilient communities where shelter, WASH, health and livelihoods are interlinked in the resilience building of communities at risk.

The focus of the recovery projects for water needs remains the same; restoration of the damaged water supply infrastructure and construction of new water supply infrastructure. There are potentially many new water sources and as some communities have migrated, in some cases new water sources will have to be established for the construction of systems in their new location. Any water intervention will have to take into account seasonal changes, especially the dryer months when water sources may dry or have negligible flows but also be resilient to monsoon rains and the impacts of flooding. This demands thorough analysis of potential water sources to ensure the water supply schemes are built to meet a base demand but also mitigate against further slope movements and variability of seasonal flows.

For management of water supply schemes there are Nepal government guidelines which need to be adhered to. Secondly, the WASH technical working group, consisting of a technical representative of RCRC movement partners, has developed technical packages for the WASH recovery intervention. In line with the technical package, guidance notes for the implementation of the activities are also being developed.

The water users committees are responsible for the operations and maintenance (O&M) of the water supply system. This committee fixes the fees to be collected from households for the use of water. O&M fund is established to cover the cost of repairs and maintenance. A person is also appointed from the village who is generally paid a certain amount to look after the maintenance activities. Tools and spare parts are prepositioned so that at the time of breakdown of the system immediate repairs can be carried out.

Sanitation

More than 1,300 toilets were built in the relief and early recovery phases by the NRCS. However, further support in sanitation during the recovery phase of the operation remains a priority. In line with government guidance for recovery operations, NRCS aims to ensure the targeted VDCs are open defecation free (ODF). This includes the construction or restoration of toilets at the household and or institution (school and hospital) level. NRCS plans to deploy community led total sanitation (CLTS) and school led total sanitation (SLTS) approaches to ensure the communities become ODF.

The community led total sanitation approach promotes local ownership to meet the needs of households by promoting the use of locally available material for the construction of the toilets. In this case, as it is a part of reconstruction/recovery project, an incentive for targeted communities will be introduced where communities will be supported by some additional construction materials or cash to buy the construction material once they have shown commitment to construct toilets. The WASH facilities to be constructed will be child, gender and disability friendly.

WASH recovery interventions are in line with the Government of Nepal's Sanitation and Hygiene master plan. According to the master plan, up to plinth level the toilet structure should be permanent and preferably with water seal. As water is essential for maintaining hygiene while designing water supply systems, due care is taken to ensure sufficient quantity of water is provided for drinking as well as for maintaining hygiene. In few cases where communities do not have a water source providing sufficient water, other options of toilet will be explored.

Hygiene promotion

Hygiene promotion activities will be focused on five key messages; toilet use, oral rehydration therapy (ORT), hand washing with soap, water and food hygiene and waste management. NRCS has adapted tools used in PHAST. These tools will be used for hygiene promotion. The hygiene promotion activities will be carried out in coordination with health sector.

Livelihoods

The impact of the earthquakes and their subsequent aftershocks, landslides and avalanches had a devastating effect on the livelihoods of the people of Nepal, damaging and destroying productive assets and economic infrastructure. Farmers who lost their seed capital missed the primary agricultural season in June 2015, and struggled to produce during the winter season that started in October 2015. More than 3.5 million people are food insecure with about 135,200 tonnes of foodstuff, 16,399 large livestock, 36,819 small livestock, and 460,762 poultry animals having been lost.

In many areas the affected communities have been able to restart planting of crops since the earthquake; however, they are not meeting their daily food and income needs. Production levels are now lower than pre-earthquake due to a number of factors including lack of seeds and other agricultural inputs which have resulted in less land being cultivated and lower production yields per acre and previous irrigation sources (natural/manmade) are no longer providing sufficient water. This has resulted in households having to rely on monsoons to plant crops whereas pre-earthquake off season planting was practiced.

According to a November 2015 joint assessment by the food security cluster, 70% of farming households have decreased agricultural production since the earthquake and 60% require seed assistance for the coming cropping seasons.

National Society institutional disaster preparedness and capacity development

In January 2016 the NRCS ERO team with support from the partners undertook district level planning process in the 14 hardest hit, "Category A", chapters which included a district level capacity self-assessments supported by triangulation of evidence focusing on seven areas of questioning including:

- Organizational and physical infrastructures and services
- Resource mobilization
- Networking and external relations
- Role and decision making
- Human resource development
- Monitoring and evaluation
- Common/cross cutting issues

The findings from this assessment is being articulated for institutional capacity building of the chapters involved in the recovery operation. The main findings include the need for an engineering assessment on the current status of district chapter buildings, followed by identified construction work. The need to support the districts in practical administration and management systems through training and mentoring to scale up their capacity for this and future projects. As well as supporting the district chapters in reviewing and meeting the challenges surrounding sustainability and resource mobilization.

Community preparedness and risk reduction:

Earthquake and floods are the biggest hazards in Nepal in terms of mortality, affected population and economic losses. Compounding health risks include seasonal outbreaks of acute watery diarrhoea while in low-lying districts there are incidences of dengue and malaria. The population affected by the earthquake is now even more vulnerable to these risks. The 2016 monsoon seasons will further exacerbate their vulnerabilities as soil loosened by the earthquakes remains susceptible to landslides. In the 2015 monsoon season, the country experienced numerous landslides that caused considerable logistic issues for continuation of the relief response. Within the integrated approach all sectors are ensuring that building back better remains a central theme to all interventions adding to the resilience of communities into the future.

Beneficiary selection

The vulnerabilities and capacities of the affected population change frequently and are complex. In addition to following the NRA beneficiary selection criteria for the shelter grants, NRCS supported by the IFRC will ensure that the other activities within the shelter interventions as well as the other sectors of WASH, Livelihoods and Health, use IFRC's standards of gender and diversity sensitive analysis in beneficiary selection, i.e. by targeting women-headed households, pregnant or lactating women, widows, third gender, men and boys made vulnerable, people with a disability and people facing caste-based exclusion. The beneficiary selection criteria for NRCS also follows the IFRC standards and includes:

- Families fully displaced due to completely collapsed houses
- Family who have lost family members
- Families with ill and injured members
- Pregnant/lactating women, children, elderly and people with disabilities
- Women headed families
- Single women
- People in need of urgent support and living in most remote areas
- The bereaved

The recovery phase will take into account women's and men's distinct range of roles and responsibilities while social and disability inclusion will be promoted for all interventions. Throughout all assessments and programming, beneficiaries will participate in formulating priorities and identifying risks and this response will make particular use of beneficiary communications capacities.

B. Operational plan

This operational plan provides an overview of the planned intervention during the recovery phase of the operation. The plan also indicates which of the relief and recovery based activities have already been implemented.

The NRCS is responsible for the coordination and the overall implementation of the operation, with IFRC leading Movement coordination.

Overall objective

The overall objective of this operation is to ensure that affected people receive appropriate assistance in a timely, effective, and efficient manner and are supported to recover with increased disaster resilience.

Proposed strategy

The recovery programme implementation strategy is community centric. It gives affected people an opportunity to identify their priorities and develop a plan of action which they own providing support to the community to retake control of their lives after the earthquake disaster. This approach empowers communities to take decision for themselves for the recovery at the same time ensure the ownership of the community which is important for the longer term sustainability of the intervention. NRCS has articulated this approach in its guiding documents, recovery framework and operational guidance, which will be for all its interventions in 14 targeted category 'A' districts. Resilience is also an integral part of

the community centric recovery approach that is being adopted and DRR is being incorporated as an approach across all technical areas as part of the build back better principle. The NRCS recovery framework articulates its integrated approach and its preferred project components described as four plus one – shelter as a key need, WASH, livelihoods and health, plus organizational development. Social inclusion and DRR are seen as crosscutting approaches in all the sectors.

IFRC will focus its strategy for support in two ways, first by focusing on the three districts of Okhaldhunga, Ramechhap and Sindhuli to support the NRCS in their goal to reach all category A affected districts with much needed support. Secondly to provide support to trainings, workshops and Movement wide initiatives at national level to support the cohesive approach of the Movement one plan for recovery.

Shelter and construction

Shelter

NRCS with the financial and technical support from IFRC will implement the shelter programme in three districts: Okhaldhunga, Ramechhap and Sindhuli¹. Beneficiaries have been identified by NRA based on Central Bureau of Statistics (CBS) detailed survey and will form the basis for shelter grant beneficiary identification. NRCS and IFRC will use the list given by NRA and will start distributing cash grants (NPR 200,000 per family) according to NRA policies and guidelines. The planned target is **3,000 families** to be reached with the shelter cash grants. NRCS and IFRC will continue to monitor and provide social and technical assistance to beneficiaries until they complete house construction. Further support to meet the shelter needs of specific groups and people will be needed and the IFRC will provide targeted support to identified families at risk using the beneficiary selection criteria previously articulated.

Build back better training will be provided to the target families, masons and carpenters. House designs will be in-line with the design guidance provided by government while the owner of the house will have liberty to finalise the design of his/her house and decide on the material purchases, hiring of labourers and construction to the government's specified standards. The owners' engagement will be important in the whole process and NRCS and IFRC will provide technical expertise on the ground to support the reconstruction of houses according to agreed build back better techniques. Where applicable, shelter designs will take into account the needs of all occupants, including older people and people with disabilities (e.g. ramps). The shelter team is working with the livelihoods team to provide better stove options within the shelter interventions as a holistic way for improving housing and health for the targeted population.

Construction

IFRC technical support to the ERO continues to play a key role in supporting the NRCS approach to shelter and construction. Within construction, the role consists of supporting partners and the NRCS in undertaking infrastructure projects at community level, supporting technical sectors in planning for rebuilding or retrofitting of community health post, schools and in supporting the review and retrofitting of NRCS buildings damaged by the earthquake. With the recovery plan finally approved by the government, it is envisaged that during further discussions with IFRC targeted communities in Okhaldhunga, Ramechhap and Sindhuli a number of community buildings may be prioritized as essential to the integrated approach and the improved resilience of the community.

Water, sanitation and hygiene promotion

WASH interventions will be in line with the master plan of the government and will ensure that open defecation free (ODF) is achieved in the target areas. A soft subsidy (grant to cover a part of the total construction cost of the toilet) approach will be used for the reconstruction or repair of the damaged latrines while a full subsidy (grant to cover complete cost of toilet construction/reconstruction) approach will be only for the families receiving support for reconstruction of house from Red Cross. Latrine proximity to shelter/houses and adequate lighting will be ensured.

The water supply schemes which are damaged will be reconstructed and improved. If the water sources are dried or yield of water has reduced then alternate water sources, if available, can be considered for the construction of new water supply systems. Even if communities receiving recovery assistance faced challenges in accessing water source, which is the chronic situation prevailing, before the earthquake further possibilities of easing the hardship to access drinking water will be explored.

Hygiene is a vital component of the WASH intervention and the scarcity of water in many places has resulted in poor hygiene practices in some communities. The recovery interventions will include activities to improve the hygiene conditions in communities in order to promote better sanitation practices within the community and environment. The community led total sanitation (CLTS) and school led total sanitation (SLTS) will be deployed to achieve ODF. Where necessary, adapted PHAST will be used for hygiene promotion.

¹ For a list of targeted VDCs and Wards please refer to Section C of this document.

Health

Access to health facilities is a prevailing issue and considering this recovery programme as an opportunity to build resilience within the communities, attention is required to be given on improving access to health facilities including accessibility to the building for the elderly and people with disability.

A drive within the community is required to be initiated which will improve knowledge/understanding of the community about health issues and actions to reduce its occurrence/impact. For the purpose, NRCS has decided to use community based health and first aid (CBHFA) tool in its recovery health interventions. This approach will not only improve the health practices and awareness within the communities but also will improve their access to the health facilities. CBHFA tool roll out will also have a component to train Red Cross volunteers which will build capacity of the Red Cross chapter volunteers.

Livelihood

This programme will address the recovery needs of the earthquake affected communities through livelihood interventions that will be designed to meet their specific needs as part of a holistic integrated approach to recovery which also includes health, WASH, and Shelter sectors.

Communities will be provided with in-kind and or cash support to replace the lost livelihood assets such as seeds or tools so as to strengthen year round small scale agricultural production. The programme will target **5,000 of the most vulnerable households** in the rural areas of Okhaldhunga, Ramechhap and Sindhuli. In a joint effort with the local authorities, vulnerable households that meet the eligibility criteria will be identified. In order to qualify, a household must meet all of the following:

- Households that lost their home and are currently living in temporary shelters or rented accommodations and are identified as in need through the Government Census undertaken in Earthquake affected areas.
- Agriculture as main livelihoods source; owning or leasing at least 1 Rupani of farmable land.
- Meeting one or more of the following vulnerabilities (head of household with a disability, head of household is female (single or widow), Dalit household with children under 5 years of age and/or Janajati household).

Livestock (cows, buffalo, chickens and goats) provides an additional source of income. Farmers have lost livestock due to the earthquake, but also due to forced sale of the assets to pay for emergency repairs and other needs. There is also a need to replenishing livestock in order to improve household-level income and food security. The programme will target **3,500 of the most vulnerable households** in the rural areas of Okhaldhunga, Ramechhap and Sindhuli with the provision of in-kind or cash support to replace lost livestock.

This plan also proposes to provide in-kind and or cash grants to restart livelihoods practiced before but that do not require new skills or technologies. The assistance broadly covers agricultural inputs and providing labour intensive projects, possibly using cash for work to repair damaged irrigation systems. The programme will target **30 of the most vulnerable communities** in the rural areas of three districts who have lost their water supply due the earthquake. As the irrigation system will benefit the homeowners with land more than the landless, the landless will be targeted for the cash for work part of the programme.

Results from a baseline survey and assessments carried out by the NRCS PMER teams supported by the IFRC and Movement partners in Ramechhap District (Manthali Municipality and Rampur VDC) as well as early results from further assessments carried out in Sindhuli and Okhaldhunga indicated a need for vulnerable groups such as, farmers, traders, artisans, cooperatives, to enhance their entrepreneurship, business, financial and management skills. Key informants and stakeholders identified the development of these skills as a necessity to increase employable skills among vocational trainees to formalize microenterprises and also professionalize the agricultural sector, and increase the growth and sustainability of cooperatives groups. Moreover, the assessment identified the Start and Improve Your Business (SIYB) training programme developed by the International Labour Organization (ILO) as the recommended methodology to be used in our targeted areas. This activity will aim to build the capacity of the NRCS staff and volunteers as well as social mobilizers to provide earthquake affected people and communities with entrepreneurship and business management skills, both through implementation of trainings and business coaching to **300 entrepreneurs/cooperatives** in the rural areas of Okhaldhunga, Ramechhap and Sindhuli.

Finally, improved cooking stoves will be provided to **3,000 families** constructing new homes. The process and application will be determined in consultation with the shelter team and social mobilisers taking into consideration gender roles and community preferences. Use of traditional stoves such as "agenu" (open fireplace) and "chulo" (rudimentary stoves) consumes more fuel wood and increases the burden on women and lead to excessive levels of indoor smoke/air pollution. Women and children in particular are exposed to the smoke emission. By providing improved cooking stoves fuel wood consumption will be reduced by about half, there will be reduction in indoor air pollution and reduction in greenhouse gas emissions.

In addition, the use of improved cooking stoves will lead to fewer respiratory diseases, fewer eye problems as well as other health problems such as headaches as well as reduced fire hazard in the kitchen.

Cross-cutting matters

Beneficiary communication and accountability

NRCS has a long history of working and communicating with affected communities, and plans are underway to integrate accountability and feedback/response mechanisms into recovery programmes as it has been during the response phase of the operation. Affected populations will have direct access to information and feedback mechanisms provided by the NRCS via suggestion boxes and interpersonal communication at district level.

NRCS existing radio programme will be continued. With a reach of up to 350,000 people each week, this programme also elicits feedback via text messages or telephone asking for advice or information. Other beneficiary communications support will continue including, Social media (Facebook and twitter), YouTube videos, follow up on operationalization of the Trilogy Emergency Response Application (TERA) SMS system.

New initiatives have also been implemented such as the **NRCS Telephone Hotline** which has been active since May 2016 and was officially launched at the start of June. A **Questions and Answer (Q&A)** column has been featured every week in the Annapurna post newspaper since April 2016. This column has for the first time provided a national forum for a public dialogue between the Red Cross and the communities in which it works.

Gender, diversity and protection

Gender, diversity and protection issues are among the many concerns in this operation, given high existing levels of maternal mortality, gender-based violence (GBV) and child protection issues, as well as existing social exclusion of some groups of people based on class, gender which will be exacerbated in a time of emergency when social connections become eroded.

Within recovery programmes, prevention of sexual and gender based violence, and the protection of children from sexual exploitation and abuse will be prioritized, including through establishment of GBV and protection referral pathways. Gender, diversity and protection capacity will assist in ensuring that psychosocial interventions are context appropriate (based on NRCS extensive experience in this field), that accountability lines are in place for GBV response and prevention. Gender and caste-based discrimination in access to land rights is already an issue and is one that will be looked at in recovery phase. Recently the NRCS appointed a focal person for gender equality and social inclusion (GESI) within the ERO. During the initial days of the incumbent's tenure, technical support from IFRC was provided allowing mentoring and hands on support in reviewing the plans and technical packages of the major appeal sectors to ensure that GESI was included.

The NRCS GESI department has been working together with the key sectors (shelter, WASH, health and livelihoods) to ensure that assessments and plans factor in all aspects of inclusion. All the existing technical guidelines have included GESI as points for consideration during implementation of the recovery programmes.

Humanitarian diplomacy

The operation in Nepal will put special efforts into advocating with stakeholders such as government authorities, donors, media and civil society organizations on a range of humanitarian issues. Particular emphasis will be placed on the strengthening the capacity of NRCS, improving the legal base of the National Society, promotion of disaster laws and updating contingency plans. At present NRCS and IFRC are at initial discussions with the Government of Nepal's National Reconstruction Authority to imbed a liaison person within their structure.

Summary of budget allocations

The overall appeal budget is CHF 84.9 million. This figure includes CHF 6.5 million for the deployment of emergency response units (ERUs) and CHF 1.6 million for the deployment of a Shelter Cluster coordination team as part of IFRC's commitment to be convener of the Shelter Cluster.

The total budget has not changed. However, some budget lines have been amended so as to reflect the current situation and needs. Share office support costs (SOSC) is one of them. The initial budget has been extended for an additional 8 months until the end of December 2017 which increased the total amount as well as additional staff recruited that were required but not reflected in the original budget.

Operational support services

Administration and finance

The IFRC, through the department of finance, provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the National Societies on procedures for justification of expenditures, including the review and validation of invoices. As the recovery continues the emphasis will move further towards supporting the capacity building to the NRCS in financial management both at the headquarters and at the district chapter levels as a core strategy to the organizational development component of the appeal.

Communications

During the initial emergency phase IFRC communications activities were focused on media relations and generating communications materials that supported external positioning efforts of National Societies including regular key messages and talking points. IFRC communications efforts were also focused on maximizing public communication outreach across web and social media platforms.

At present, IFRC has no focal person for communications after the Communication manager based in New Delhi ended her mission. Support will be sought from Asia Pacific Region to assist in communication activities which will include production of news stories and blogs posted on in the IFRC public website and posts on social media platforms including Twitter and Facebook. Another priority has been the production of high quality audiovisual material including video footage and photographs that have been shared with the IFRC membership and distributed to broadcast and online media outlets. Audio-visual production will be a key element of the communications plan for the duration of the emergency appeal.

IFRC communications activities will continue to target international audiences while also supporting the communications needs of the NRCS, in its domestic market. A proactive media engagement strategy will be pursued with international news organizations in the region and milestones in the operation will be identified to highlight the impact of the recovery efforts of the Movement towards building community resilience in Nepal. Support to fundraising activities will also be sustained ensuring that constant quality material is shared with donor partners. IFRC communications activities will also support advocacy efforts in collaboration with the Humanitarian Diplomacy and programme teams.

External relations, resource mobilization and humanitarian diplomacy

Proactive and effective engagement with a range of external and internal partners, including government departments, donor agencies, the UN system, NGOs, community groups and multilateral banks is always a critical part of an operation of this complexity and scope. It is critical for ongoing funding support, positioning of IFRC as well as fulfilling the obligation to advocate on behalf of vulnerable people that IFRC is represented and participates in a range of forums and platforms hosted by external parties. The operation will be supported to effectively and proactively engage with external organizations to position the IFRC to secure funding for recovery/reconstruction as well as ensure issues deserving humanitarian diplomacy and advocacy are properly addressed and actioned. The NRCS with support from IFRC has

continued to build its relationship with the recently formed NRA and is at present discussing the potential for a liaison officer to be based within the NRA to further develop the understanding and relationship between the two parties.

Human resources

In the IFRC Country Office Team and the ERO Team key positions are recruited. However, given the working environment and the length of the operation it can be anticipated, that IFRC Delegates and National Staff will change from time to time and have to be newly recruited. PNSs will be requested to second staff to the operation as well. Procurement procedures and administrative guidelines have been finalized and circulated to all the staff.

Information technology and telecommunications (IT&T)

Information technology and telecommunications services will continue to be provided to NRCS, IFRC and in-country PNS. The IFRC shared drive will be restored so that files are stored and accessed easily by staff. This is a process that has already commenced. During the response phase of the operation, a FACT drop box had been created for sharing important files. As a longer term move, it was decided to have a shared drive for increased protection of files as well as proper management of the same.

Information management (IM)

Since the onset of the earthquake, NRCS has been managing a significant amount of data and indicators from multiple sources, needing to report to several partners, clusters and departments levels. The National Society has a relatively good basic data management and reporting system, yet this earthquake operation has identified IM needs to be strengthened as an increasingly important function, with new processes, technologies, tools (formats), and software which could further support its other ongoing operations as well (outside of the earthquake operation).

During the last 6 months, IM and PMER have been working together in improving data management and M&E systems. The collaboration between the two disciplines has proven to be very successful and the continuity of the collaboration is essential to the planning and monitoring of earthquake recovery programs as well as long term programs.

Concretely, the information management support to the ERO and the National Society development unit (NSDU) includes providing data collection solutions, support in data processing and visualization, producing timely info graphics that display progress and highlight eventual issues and support planning based on informed decisions.

Logistics and supply chain

The overall goal of the Logistics function is to continue supporting and further strengthen the Logistics structure and capacity of the Nepal Red Cross Society and Federation Nepal Country Office. In this way the demand placed on the supply chain of the Nepal earthquake recovery operation will be fulfilled through effective and efficient procurement, warehousing, transport and fleet management. A part from meeting the requirements from the programme activities, a solid foundation will be established for final handover to the Nepal Red Cross Society and Federation's Country Plan after 2017.

Both IFRC Logistics team in country and the Regional Logistics Unit in Kuala Lumpur have been providing technical support to design a sustainable logistics plan of action. It includes support to NRCS, IFRC and PNS during the recovery phase of the Earthquake operation. But it also encompasses a *Logistics Systems and Procedures Development* component. The key expected results (outputs) from this support are²:

- NRCS is supported in ensuring an efficient, centralized and sustainable logistics/supply chain management unit at headquarters level.
- Procurement processes in country do comply with IFRC procurement procedures.
- NRCS has a well-functioning warehouse management system. Stock management procedures and best practices in terms of inventory control are in place at NRCS headquarters. They are replicated, where applicable, at selected NS' Regional and District hubs ensuring any movements of stocks are well documented.
- Established a fleet management structure standardised across the Nepal Red Cross and IFRC country office, where fleet and transport management capacity is strengthened to match mid/long term needs.
- All National society, PNS and IFRC staff involved in logistics activities have the necessary skills to handle day-to-day operations but is also ready to support future emergency response operations.

² A detailed Logistics plan of action can be provided upon request

Planning, monitoring, evaluation, and reporting (PMER)

NRCS with the support of IFRC is responsible for planning, monitoring and evaluation, and reporting (PMER) aspects of this operation. District chapters carry out day-to-day monitoring of the operation in the field, while the NRCS ERO headquarters supervises and monitors the activities of the district chapter in line with the EPoA.

The IFRC delegate has been providing support to the ERO PMER officer in various capacities including coordinating Movement wide monitoring and evaluation missions as well as in producing Movement wide report. The most recent initiative the PMER team has been working on is coming up with a baseline package that contains all the tools and procedures for conducting field assessments and baselines. This is a package that has been shared with in-country PNS for adaptation. It is planned to consolidate all baseline surveys that will be conducted in the 14 affected districts. Key indicators will be selected and data processed, analysed and a report produced to provide the existing situation of the earthquake affected people. This will be used to measure the achievements at the end of the operation where end line surveys will be conducted.

Other support to be provided to NRCS ERO team include improving skills of the newly recruited PMER officers at district level based on their greatest needs. A self PMER-IM capacity assessment is currently being conducted. Findings from this assessment will assist in developing a capacity development plane based on the priorities identified. In addition, continued support will be provided in improving data collection tools for post distribution monitoring (PDM), assessments, field reports, etc.

The real-time evaluation (RTE) has been a success in offering recommendations for enhancing the delivery of services and Movement coordination in the recovery phase. The evaluation report and management response can be accessed [here](#). An internal mid-term evaluation is being planned in the fourth quarter of 2016.

Security

Ensuring safe and secure programme delivery has been a priority of IFRC Nepal Delegation. The fluid political situation has created a challenge in the IFRC Earthquake Operations. The situation of the country is continuously being assessed. The proactive security measures are in place and regular updates and advisories are provided to the delegates and Nepal staff accordingly. The security plans and procedures are in place which are kept up-to-date.

IFRC Nepal delegation ensures its representation in humanitarian and developments forums in the country where information exchange and coordination activities are discussed. The National Society also assists the IFRC in understanding the security context. Trainings and capacity building to IFRC and PNSs staff as per the IFRC global standard is one of the priorities. Significant steps are being taken to meet Minimum Security Requirements (MSR) for IFRC Field Operations.

C. DETAILED OPERATIONAL PLAN

Health

Emergency/relief phase

All Seven Red Cross Red Crescent Movement ERU/other health facilities established, have been handed over to the Ministry of Health and Population (MoHP). The relief phase also involved trainings in oral rehydration post, provision of first aid which include psychosocial first aid, distribution of mosquito nets as well as participating in the national measles campaign. The recovery phase will focus on supporting in reconstruction of health posts, community health, psychosocial support and epidemic preparedness.

A 12-month summary report has already been issued highlighting achievements related to the relief phase of health sector. Click [here](#) to access this report

Sector indicators: # of health facilities (ERU or other) established # of patients treated in the established health facilities # of patients provided with First Aid services # of people reached by community-based health activities # of emergency response health kit prepositioned # of people reached by psychosocial support									
Outcome 1: The immediate and medium-term risks to the health of affected populations are reduced.									
Output 1.1: Target population is provided with rapid medical management of injuries and diseases.									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
1.1.1 Deploy 3 health ERUS (BHC, BHC with surgical capacity and RDH) to the most affected in coordination with MoHP and WHO FMT coordination.	All these activities have been implemented								
1.1.2 Prepare and mobilize pool of volunteers as First Aiders in the affected communities.									
1.1.3 Recruit volunteering non remunerate blood donors and organizing blood donation campaigns.									
Output 1.2: Gaps in medical infrastructure of the affected population are filled.									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
1.2.1 Provide ERU L1 and L2 services in support of local health care facilities in Rasuwa and Sindupalchok districts.	Activities has been implemented								
Output 1.3: Target population is provided with community-based disease prevention, epidemic preparedness, and health promotion measures.									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
1.3.1 Orient and mobilize a pool of volunteers for community-based disease prevention, epidemic	All these activities have been implemented								

preparedness, and health promotion activities in coordination with WatSan and other partners.										
1.3.2 Undertake rapid surveys to determine baseline levels of awareness on disease prevention and health behaviour in affected communities.										
1.3.3 Social mobilization of NRCS volunteers in special health campaigns such as measles vaccination.										
1.3.4 Prepositioning of emergency response kits such as ORPs and IEHK in identified strategic locations.										
1.3.5 Procure and distribute female dignity kit including condoms as part of the health emergency response.										
1.3.6 Develop community based disease surveillance concept to be piloted in two affected communities.										
1.3.7 Reproduce and distribute IEC materials on community-based disease prevention, epidemic preparedness and health promotion.										
Output 1.4: Community members as well as Red Cross staff and volunteers in affected communities are provided with psychosocial support										
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	
1.4.1 Orient and mobilize existing PFA volunteers in Kathmandu valley and in 5 other affected districts.	All these activities have been implemented									
1.4.2 Train and mobilize PFA volunteers in affected areas.										
1.4.3 Conduct sport/recreational activities for children (child friendly places) and establish helpdesk at NHQ and affected districts, and establish referral pathways for those with special psychological needs to professional practitioners.										
1.4.4 Support the referral mechanism to mental health services.										
1.4.5 Procure and distribute locally adapted PSS kits.										
1.4.6 Reproduce and distribute IEC materials on psychosocial support.										
1.4.7 Establish "caring for carers" interventions for staff and volunteers (i.e. peer support sessions, 'rest and recreation" days as well as team building activities).										

Recovery phase (Revised)

Needs analysis: To restore health services there is a need to support the rehabilitation and re-supply of damaged health facilities. The exit of the health ERUs needs to be done in close cooperation with NRCS and the Ministry of Health and Population (MoHP) to ensure continuum of health services.

The NRCS staff and volunteer capacity in first aid, psychosocial support, disease prevention and epidemic control must be sustained and expanded to meet other health needs at community level to ensure strengthened resilience to health risks and issues in affected communities. Other health components of the recovery period will be determined based on priority health risks and issues identified by affected communities through detailed assessments and participatory processes, and will form part and parcel of community-based health. Based on the developed community-based disease surveillance (CBDS) concept, CBDS will be piloted in the targeted communities in close cooperation with MoHP and NRCS. NRCS will also be assisted in developing a strategy for community management of acute malnutrition (CMAM) to be piloted in targeted communities. The community-based health component will also be designed and carried out in close cooperation with community preparedness and risk reduction initiative of this operation.

Population to be assisted: The focus of the IFRC recovery will be within the districts of Okhaldhunga, Ramechhap and Sindhuli targeting, but not limited to, the same communities where housing grants will be provided, refer to shelter recovery sector for details of VDCs and numbers. Also as part of the role of the IFRC to assist in the standardization of approaches a number of national level trainings and workshops will also be supported through this appeal as detailed in the activities below.

Objective	Indicators	Means of Verification	Assumptions
Outcome 2: Reduced medium-term risks to the health of EQ affected populations	% of people in the affected areas who have access to health services % of targeted people with increased knowledge of and practiced preventive health behaviour # of targeted earthquake affected communities declared as total immunization areas	Household survey	Refer to Annex 2
Output 2.1: Damaged health facility infrastructure of the earthquake affected districts reconstructed/rehabilitated	# of health facilities reconstructed/rehabilitated # of health facilities equipped with medical and non-medical supplies # of people referred from communities to health facilities and vice versa % of reconstructed health facilities operating primary health care out-reach clinic # people reached by supported local health facilities	Reports from health facilities Health facility reports (HMIS – 33) primary health care out-reach clinic report Health facilities report HMIS	
Output 2.2: Community-based disease prevention and health promotion measures provided	# of people reached with messages on identifying danger signs and prevention of diarrhoea and pneumonia as well as importance of total immunization (can be reported on separately if awareness is done separately on different subjects). # of RC volunteers trained in CBHFA modules # of RC volunteers equipped with first-aid kits # of RC social mobilizers trained for supervision of community health activities # of caregivers reached with appropriate nutrition promotion/educational activities on maternal and children <5 year-old feeding/care practices	Field reports Training reports	
Output 2.3: Community-based epidemic	# of people reached with epidemic prevention measures # of RC volunteers trained in epidemic control for volunteers # of emergency health teams established at HQ and district level	Field Reports Training reports Meeting minutes	

prevention measures carried out.	# of meetings conducted by the national and district emergency health team	Operational emergency health						
Output 2.4: Mainstream and cross cutting psychosocial support provided	# of people reached by psychosocial support in earthquake affected areas # of people trained in provision of psychosocial support # of people from the targeted areas referred to a psychosocial counsellor	Field Reports Training reports						
Output 2.1: Damaged health facility infrastructure of the earthquake affected districts reconstructed/rehabilitated								
Activities	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
2.1.1: In coordination with health authorities, undertake detailed assessments to identify damaged health facilities in target communities. Note: shelter sector will be involved in the construction process								
2.1.2: Rehabilitate selected damaged health facilities in target communities based on the assessment in coordination with NRCS and D/PHO as per MoHP approved structures								
2.1.3: Sign MoU with select vendor to supply the medical and non-medical equipment								
2.1.4: Ensure the health facilities receive medical and non-medical supplies as per MoHP standards								
2.1.5: Re-supply rehabilitated health facilities with standard equipment and medical supplies based on the assessment								
2.1.6: Train the RC volunteers in supporting MoHP existing referral structures from FCHVs – HP – Hospitals and vice versa								
2.1.7: Train HFOMC in making arrangements PHC-ORC in health facilities to increase utilization of health facilities services								
Output 2.2: Community-based disease prevention and health promotion measures provided								
Activities	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
2.2.1: Undertake surveys to determine levels of awareness on disease prevention and health behaviour in affected communities including end line								
2.2.2: Masters training of trainers in CBHFA modules								
2.2.3: Design, produce and disseminate IEC materials through RC volunteers and social mobilizers								
2.2.4: Conduct joint monitoring visit with DPHO and RC District Chapters in the programme district and communities								
2.2.5: Train RC volunteers and social mobilizers in CBHFA modules								
2.2.6: Supply and replenish first-aid kit								

Water, sanitation and hygiene promotion (WASH)

Emergency/relief phase

All activities related to the emergency phase of the operation were completed by end August 2015. A 12-month summary report has already been issued and can be accessed by clicking [here](#). No more reports will be issued on this relief section of WASH.

Sector indicators:									
# of communities provided with access to safe water									
# of communities provided with access to emergency sanitation facilities									
# of litres safe water distributed									
# of people reached by hygiene promotion activities									
# of families provided with hygiene kits									
Outcome 3: Risk of waterborne, water-related and vector-borne diseases in targeted communities reduced.									
Output 3.1: Target population is provided with daily access to safe water which meets Sphere and WHO standards									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
3.1.1 Setup of temporary water distribution points in affected communities.	All these activities have been implemented								
3.1.2 Distribute safe water in affected communities.									
3.1.3 Collaborate with the relief sector in providing safe water storage containers to target families.									
3.1.4 Rehabilitate/construct water points in affected communities.									
Output 3.2: Target population is provided with access to adequate sanitation facilities meeting Sphere standards									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
3.2.1 Mobilize community members to undertake environmental sanitation activities.	All these activities have been implemented								
3.2.2 Rehabilitate/construct sanitation facilities in affected communities.									

Output 3.3: Target population is reached with hygiene promotion activities									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
3.3.1 Collaborate with the relief sector in providing 40,000 hygiene kits and hygiene promotion for the usage of safe water storage containers to target families.	Activity implemented								
3.3.2 Recruit and train new or mobilize existing health volunteers to participate in hygiene promotion activities, in coordination with the health team.									
3.3.3 Conduct hygiene promotion activities in target communities, in collaboration with the health team and other sectors.									
3.3.4 Reproduce and distribute information, education and communication (IEC) materials to complement hygiene promotion activities in target communities.									

Recovery phase (Revised)

Needs analysis: The earthquake has disrupted or destroyed water supply systems in many places which were sustainable before the earthquake. Many geographical changes resulting from the earthquake have taken place exacerbated by landslides and the monsoons further necessitating communities to seek new locations or further causing damage to the infrastructure. The toilets in the communities are also damaged due to the earthquake. In many cases as the superstructure was made up of dry stone masonry, the loosened stones fell on the ceramic pan damaging the toilet. In schools and health centres as well there is a need to have sustained interventions to improve the water and sanitation facilities, hygiene awareness and practices.

Approach: WASH interventions will be in line with the master plan of the government and will ensure that target areas are open Defecation Free (ODF). A soft subsidy (grant to cover a part of the total construction cost of the toilet) approach will be used for the reconstruction or repair of the damaged latrines while a full subsidy (grant to cover complete cost of toilet construction/reconstruction) approach will be only for the families receiving support for reconstruction of house from the Red Cross.

The water supply schemes which are damaged will be reconstructed and improved. If the water sources have dried or the yield of water has reduced then alternative water sources, if available, can be considered for the construction of new water supply systems. Even if communities receiving recovery assistance faced challenges in accessing water source, which is the chronic situation prevailing before the earthquake, further possibilities of easing the hardship to access drinking water will be explored. Central to the WASH approach is the inclusion of people with specific needs into activity considerations, as well as ensuring all interventions cater for the different needs of girls, women, boys and men.

Hygiene is a vital component of the WASH intervention and the scarcity of water in many places has resulted in poor hygiene practices in some communities. The recovery interventions will include activities to improve the hygiene conditions in communities in order to promote better sanitation practices within the community and environment. The community led total sanitation (CLTS) and school led total sanitation (SLTS) will be deployed to achieve ODF. Where necessary, adapted PHAST will be used for hygiene promotion.

The aim of the recovery programme will be not only to ensure the communities are no longer practicing open defecation at the end of the intervention period but also to sanitize the communities.

Population to be assisted: The WASH interventions will not be limited to the households who are receiving assistance for the reconstruction of their houses. WASH will have blanket approach in the target VDCs. The WASH facilities inventory has been completed in the target VDCs. This exercise is to determine the targets for the recovery in those VDCs. The analysis of the data is being carried out which will give targets for the recovery. Along with the WASH facilities inventory, baseline is also being carried out in the target VDCs. These two exercise are to determine the exact number of population to be catered for.

The water source mapping exercise has been carried out in the target VDCs. As a next step, feasibility study of the water supply systems is being carried out. Based on the priorities of the communities and feasibility, water supply system survey, design and estimate will be carried out. In Sindhuli and Ramechhap 14 and 17 water supply schemes respectively have been proposed while in Okhaldhunga until now 7 water supply systems have been proposed. Based on the priority set by the community further rehabilitation or construction work will be carried out.

Objective	Indicators	Means of Verification	Assumptions
Outcome 4: Sustainable reduction in risk of waterborne and WASH related diseases in targeted communities	% of target population that both has access to and uses sustainable safe water supply % of target population using sanitation facilities % of target population that are practicing proper hygiene behaviours (Specify according to context) #of VDC confirmed Open Defecation Free by the end of the project	Household survey and inspections Final Evaluation	Please refer to Annex 2
Output 4.1: Partnerships and coordination linkages at all (national, regional and community) levels strengthened.	% participation of all identified key implementing partners in WASH meetings/workshops	List of attendance to meetings Meeting minutes	
Output 4.2: Target population has access to safe water from the community managed water schemes	# of community members trained in relevant water and sanitation technical skills (Construction, maintenance and water quality testing training) # of rehabilitated schemes/newly constructed water schemes, and/or water points # of people provided with rehabilitated schemes/newly constructed water schemes, and/or water points.	Field reports Observation of water systems Photos	
Output 4.3: Target population has improved access to adequate sanitation	# of newly constructed/rehabilitated sanitation facilities. #of people provided with newly constructed/rehabilitated sanitation facility	Observation- photos Field reports	
Output 4.4: Targeted population is provided with hygiene promotion activities	# of people reached by hygiene promotion activities	Field reports	

Livelihoods; Nutrition; Food Security

Food

Food support was completed during the relief phase of the earthquake operation. Over 2,500,000 people were reached with ready to eat food as well as other food packages. Nepal RC did this with the support of IFRC and PNS as well as the World Food Programme which was the lead organization for food support. A 12-month summary report has already been issued and can be accessed by clicking [here](#). No more reports will be issued on this section

Sector indicator:									
# of families provided with ready-to-eat food									
Outcome 5: Immediate food needs of the disaster affected population are met									
Output 5.1: Targeted families provided with ready-to-eat food in the identified districts.									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
5.1.1 Provide orientation on procurement and distribution protocols to the district leaders; ensure procurement.	All these activities have been implemented								
5.1.2 Mobilize volunteers and provide orientation on distribution protocols.									
5.1.3 Identify, register, verify and mobilize beneficiaries for food distributions.									
5.1.4 Prepare and disseminate beneficiary and stakeholders' communications (including feedback/complaint system).									
5.1.5 Distribute ready-to-eat food items to 14,000 families.									

Livelihoods (Revised)

Needs analysis: According to the Nepal Planning Commission an additional 700,000 people have been pushed below the poverty line which was impacted by the large number of animal shelters, livestock, crops, seeds, and food stores, and schools, health centres, banks, business centres, microenterprises and roads that were damaged that impacted on health, food security, production, employment, business, trade and services. Pre-existing vulnerability compounded with the impact of the disaster increased severely in all districts. The effects of the earthquake pose a formidable recovery challenges and demands adequate and appropriate support in a timely manner. The baseline survey undertaken by the NRCS PMER team supported by the IFRC which included focus group discussions (FGDs) with vulnerable communities, Key Informant interviews (KIIs) with

Shelter (including Household non-food items)

Emergency/relief phase

All activities related to the emergency phase of the operation were completed by end August 2015. A 12-month summary report has already been issued and can be accessed by clicking [here](#). No more reports will be issued on this relief section.

Sector indicators:									
# of families reached with relief cash transfers									
# of families provided with emergency shelter items									
# of families provided with essential household item kits									
# of families provided with unconditional cash grant as seasonal relief (NEW)									
Outcome 7: The immediate household, shelter and settlement needs of the target population are met.									
Output 7.1: Target population is provided with essential household items and unconditional cash grants									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
7.1.1 Mobilize volunteers and provide orientation on distribution protocols and cash transfer programming.	All these activities have been implemented								
7.1.2 Identify, register, verify and mobilize beneficiaries for relief and cash transfers.									
7.1.3 Distribute non-food items (two types of NFIs) to 60,000 families.									
7.1.4 Provide unconditional cash grants of CHF 115 to 40,000 families.									
7.1.5. Develop and disseminate IEC materials on unconditional cash grants.									
7.1.6 Carry out market assessment and monitoring (in conjunction with the Cash Working Group).									
7.1.7 Conduct post-distribution process and impact monitoring.									
7.1.8 Provide NRCS staff and volunteers at branch and selected VDCs with targeted capacity building support building on their experience during the relief stage for winter activities									
7.1.9 Provide 15,000 families with unconditional cash grants to meet winterization needs									

Output 7.2: Target population is provided with emergency shelter assistance.									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
7.2.1 Mobilize volunteers and provide orientation on distribution protocols.	All these activities have been implemented								
7.2.2 Identify, register, verify and mobilize beneficiaries for emergency shelter assistance.									
7.2.3 Distribute immediate emergency shelter relief (1 tarpaulin to 110,000 affected families).									
7.2.4. Distribute shelter kits (2 tarpaulins and 1 tool kit) to 40,000 families.									
7.2.5 Develop safe shelter messages and technical guidelines on the construction of emergency shelter.									
7.2.6 Provide technical orientations to volunteers for the construction of emergency shelter (with IEC materials, build back better).									
7.2.7 Provide technical orientations to beneficiaries on the construction of emergency shelters (with IEC materials).									
7.2.8 Undertake monitoring to ensure that assisted households have correctly constructed the emergency shelters.									
7.2.9 Carry out basic market assessment and monitoring.									

Recovery phase (Revised)

Needs analysis: With more than half a million houses destroyed or damaged, shelter is clearly a top priority. The planning, design and implementation of the shelter (housing) programme will be executed according to the Government of Nepal's National Reconstruction Authority (NRA) policies and guidelines. Recovery shelter interventions will comprise cash grant assistance according to NRA guidelines supported with masons training on earthquake resistance building techniques and awareness raising on 'building back better and safer' principles.

Population to be assisted: IFRC will be assisting with cash grant assistance to a maximum of 3,000 families (15,000 beneficiaries) in three districts to rebuild earthquake resistant durable/progressive shelter according to NRA guidelines and National Building Codes. The list of beneficiaries will be obtained from the central bureau of statistics (CBS) detailed door-to-door assessments. Below is the list of districts and local units which have been agreed upon between NRA and IFRC for cash grant allocation. The total number of families to be reached so far for the three districts is 2,470 (as per CBS/NRA figures). IFRC has budgeted for 3,000 families which allows a buffer if the figures are revised by the NRA in the future. On the other hand, IFRC will look for alternatives if the figures remain the same.

quality, guidance ³ and trainings on building back better/safer principles and sign Beneficiary Pledge agreement.								
8.1.4: Provide families with conditional cash support according to NRA guidelines and continuously provide technical guidance.								
8.1.5: Undertake regular monitoring to ensure that the 3,000 families that receive support to rebuild have completed construction using building back safer principles and cash instalments are in accordance with the conditions specified in beneficiary pledge agreement (BPA).								
Output 8.2: Orientation/awareness raising sessions on safer shelter provided to the families in target communities.								
Activities	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
8.2.1: Select and conduct Social Mobilizers trainings (20 to 30 mobilizers and volunteers) so that they can better support beneficiaries in understanding the cash grant process, filling in the forms, support in understanding and managing bank account, getting approvals and how to further liaise with technical people								
8.2.2: Develop / disseminate technical guidelines for masons, volunteers and beneficiaries to assist rebuilding of durable shelters incorporating seismic resistant construction techniques.								
Output 8.3: Sustainable communal facilities are provided within durable settlements to agreed standards.								
8.3.1. Support to NRCS and partners in the field survey and assessment, resource planning and budgeting, designs, tendering and contractual agreement with the Consultants and Contractors.								
8.3.2 Support to NRCS and partners on monitoring, quality assurance, dispute resolutions and negotiations, progress reporting, completion and handing over to respective ministries								
8.3.3 Construction of community infrastructure in 3 districts supported by IFRC. This in close coordination with health and disaster risk reduction sectors.								

³The guidance could also be offered to other people in the community who are repairing their houses, where relevant.

Restoring Family Links (RFL) and Dignified management of the dead (DMD)

IFRC has been working closely with ICRC to provide support to the affected people in the areas of restoring family links and dignified management of the dead. A 12-month summary report has already been issued highlighting achievements related to these sectors. RFL and DMD activities will not be conducted under this revised appeal.

Sector indicators:									
# of families identified as separated who have re-established contact with their relatives									
# of family reunifications for unaccompanied/separated minors and vulnerable adults									
# of registered tracing requests									
Outcome 9: Family links are restored whenever people are separated from, or without news of, their loved ones as a result of the disaster									
Output 9.1: Contacts are re-established between family members separated by the disaster, within and outside the affected areas									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
9.1.1 People in affected areas and relatives outside these areas have access to appropriate means of communication to re-establish and maintain contact with loved ones	All these activities have been implemented								
9.1.2 Active tracing is considered in support to persons who have not succeeded in re-establishing contact with loved ones									
9.1.3 Measures are taken to provide necessary protection and relief to registered vulnerable individuals and their caretakers.									
Sector indicators:									
# of unidentified dead managed in a dignified manner									
# of previously unknown dead identified and returned to their families									
# of families assisted in the search for and attendance of deceased relatives									
Outcome 10: Appropriate action is taken to ensure the availability and collection of data on human remains and their identification and to provide information and support to families.									
Output 10.1: The emergency management of the dead is carried out with dignity.									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
10.1.1 Gather information on the number of unknown dead throughout affected areas and their storage location.	All these activities have been implemented								
10.1.2 Inform the affected communities that the dead should be managed with dignity and protected. Assure the affected communities that the dead do not cause epidemics and will not affect community health if correctly managed.									
10.1.3 Mobilize the authorized structures to recover the dead as soon as possible, implementing necessary procedures to promote accurate tracking and identification.									

Output 10.2: Unknown remains are accurately identified so that their names may be returned to them and they may be returned to their families.									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
10.2.1 Assess capacities, roles and processes of official structures, and, if necessary, provide technical expertise and material support with regard to the collection, storage, identification and disposition of human remains.	All these activities have been implemented								
10.2.2 Support to ensure that all data regarding unknown remains and missing persons is collected, collated, centralized and shared as required by both official and unofficial structures to promote the maximum number of identifications possible.									
10.2.3 If and where necessary, directly collect forensic data to aid in the identification of remains.									
Output 10.3: Families in search of deceased loved ones receive support.									
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
10.3.1 Support families with transport, food and shelter as they search for their missing loved ones.	All these activities have been implemented								
10.3.2 Provide families with, or assist in acquiring, financial support to carry out funerary rites according to their customs.									
10.3.3 Provide families with “psychological first aid” as needed.									

11.1.5 Implement structural and non-structural mitigation activities (including CCA-related, i.e. waste management, planting, re-strengthening of school structures, evacuation sites management etc.).. Being a cross cutting activity, close coordination will be ensured with shelter, health and WASH sectors so as to avoid overlaps.								
Output 11.2 Legal Frameworks for disaster risk reduction, preparedness and response are strengthened								
Activities	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
11.2.1 Support efforts aimed at strengthening the national legal framework for international disaster assistance, disaster risk reduction and regulatory barriers to shelter.								

National Society capacity building

Needs analysis: While NRCS is relatively a strong National Society, the response to the earthquake put pressure on its capacity and demanded scaling up of staffing and other organizational components. There is, therefore, the need to allocate substantial resources in mitigating a potential negative impact on the long-term development of the National Society by putting deliberate efforts to strengthen the institutional preparedness capacity of the NRCS. The activities planned in this regard look at the following three broad areas:

- Skillset improvement – through training, coaching and mentoring of staff and volunteers.
- Facility, equipment and pre-positioned stock capacity – including supporting the National Society to have improved office space, warehousing space, essential equipment, personal protective gear for staff and volunteers as well as improved quantity and quality of disaster preparedness stocks.
- Branch development – which will strengthen their efficiency and effectiveness deliver services.

Objective	Indicators	Means of Verification	Assumptions					
Outcome 12: National Society level of preparedness for future disasters and capacity to deliver sustainable programming and services strengthened.	Okhaldhunga, Ramechhap and Sindhuli District chapter are well prepared and have the capacity to respond to future disasters	Assessment Report Final evaluation	Refer to Annex 2					
Output 12.1: Increased skill sets available for the National Society to respond to future disasters and deliver programmes and services.	# NS staff/volunteers who received skills-based training (disaggregate by type of training)	Training reports						
Output 12.2: Increased material capacity is available for the National Society to respond to future disasters, deliver programmes and services.	# of facilities repaired or re built # district chapters provided with locally relevant response and preparedness equipment and/or stocks # of NFRIs and shelter items prepositioned in disaster preparedness stocks	Photos Field reports						
Output 12.3: Improved systems and processes in place for the National Society to respond to future disasters and deliver programmes and services.	# and type of system put up and operational # of people trained in systems in place	Observation Training reports						
Outcome 12: National Society level of preparedness for future disasters and capacity to deliver sustainable programming and services strengthened.								
Output 12.1: Increased skillsets available for the National Society to respond to future disasters and deliver programmes and services.								
Activities	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
12.1.1. Provide coaching and mentoring to NRCS staff and volunteers implementing activities under this operation (2 branch organizational assessment-BOCA trainings and one volunteer management training)								
12.1.2 Develop NRCS staff and volunteer competences in selected themes relating to disaster preparedness and response								
Output 12.2: Increased material capacity is available for the National Society to respond to future disasters, deliver programmes and services.								
Activities	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017

12.2.1 Provide essential equipment (office, IT, personal protection etc.), vehicles and disaster preparedness stock to NRCS								
12.2.2 Support NRCS to rehabilitate essential fixed facilities (offices, warehouses etc.) following earthquake resistant techniques. This is in coordination with the shelter sector								
12.2.3 Preposition DP stocks (NFRIs, shelter kits) in strategic locations (12 existing warehouses)								
Output 12.3: Improved systems and processes in place for the National Society to respond to future disasters and deliver programmes and services.								
Activities	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
12.3.1. Strengthen existing systems and processes, including application of cash transfers, innovative and inclusive approaches in the national disaster preparedness and response mechanism (NDPRM)								
12.3.2: Conduct Resource Mobilization System (RMS) training								
12.3.3. Support NRCS to work with elements in the NDPRM such as (but not limited to) organizing pre-disaster meetings and develop/update pre-disaster agreements with Movement partners, update its contingency plan and pre-test it through drills and simulation exercises								

Quality programming

Needs analysis: The IFRC PMER team will ensure that all the targeted district chapters are using standardized PMER tools to ensure a harmonized way of planning, data management and subsequent reporting. A mechanism is already in place to gather feedback from targeted communities on the support they are receiving from RCRC Movement. This will also be improved during the recovery phase to ensure more people have an opportunity to be better assisted based on their feedback this will be coordinated by the beneficiary communications team.

Objective	Indicators	Means of Verification	Assumptions					
Outcome 13: Effective response to the disaster is ensured	% of sectoral plans which clearly outline how decisions are based on assessment and analysis % of sectoral plans for which a monitoring and evaluation plan has been developed % of sectoral plans which explicitly address issues of gender equality with reference to established tools % of targeted population satisfied with feedback mechanisms used.	Detailed IFRC Plans Community Engagement and Accountability (CEA) reports Post action reviews	Refer to Annex 2					
Output 13.1 Ongoing operation is informed by continuous and detailed assessment and analysis is conducted to identify needs and gaps and select beneficiaries for rendering relief services	# of assessments conducted (general and/or sectoral)	Assessment reports						
Output 13.2: The management of the operation is informed by a comprehensive monitoring and evaluation system	# planned evaluations which take place and for which a management response is provided	Evaluation reports						
Output 13.3: Mechanisms are in place to facilitate two-way communication with and ensure transparency and accountability to disaster-affected people	# of opportunities that exist for local stakeholders to receive information and comment on the operation	CEA reports						
Output 13.4: Additional assistance is considered where appropriate and incorporated into the plan	# of post action reviews conducted	Review reports						
Outcome 13: Effective response to the disaster is ensured								
Output 13.1: Ongoing operation is informed by continuous and detailed assessment and analysis is conducted to identify needs and gaps and select beneficiaries for rendering relief services								
Activities	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
13.1.1 Mobilize National Society staff and volunteers for assessments.	All these activities have been implemented							

13.1.2 Mobilize/deploy regional and global tools to support NRCS in conducting assessments.								
13.1.3 Undertake assessments to determine specific needs of beneficiaries								
13.1.4 Undertake assessments to identify capacities of the National Society to respond to the disaster								
13.1.4 Develop detailed response plans with activities that will meet identified beneficiary needs.								
13.1.5 Ensure that any adjustments to initial plans are informed by continuous assessment of needs and through established feedback mechanisms.								
13.1.6 Conduct post-action surveys to determine the level of satisfaction among beneficiaries.								
Output 13.2: The management of the operation is informed by a comprehensive monitoring and evaluation system								
Activities	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
13.2.1 Support the different sectors in developing/adapting monitoring and evaluation tools and processes at all levels								
13.2.2 Conduct a real time evaluation (RTE)	A real time evaluation has been conducted							
13.2.3 Conduct a midterm evaluation								
13.2.4 Conduct a final evaluation								
13.2.5 Develop a Movement wide reporting system (MWRS) and collect data on implementation from all partners to be shared widely annually								
Output 13.3 (Revised): Mechanisms are in place to facilitate two-way communication with and ensure transparency and accountability to disaster-affected people								
Activities	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
13.3.1 Provide appropriate, relevant, practical information to communities across a variety of platforms (Radio, Newspaper, TV, Interpersonal communication and other communication materials), including on the planning, scope and content of Red Cross recovery projects.								
13.3.2 NRCS engages with community through its telephone hotline receiving their queries complaints and feedback and addressing them accordingly.								
13.3.3 Disseminate the findings of, and provide support and feedback to, the inter-agency Common Feedback Project (integrated surveys, rumour tracking, suggestion boxes, and face-to-face								

feedback) set up to enable communities to better engage with relief and recovery activities.								
13.3.4 Support training of Social Mobilisers across the affected districts to ensure effective face-to-face interaction with communities								
13.3.5 Support integration of CEA activities within the overall implementation of Red Cross Earthquake Recovery programmes.								
Output 13.4: Additional assistance is considered where appropriate and incorporated into the plan								
Activities	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
13.4.1 Ensure that any adjustments to initial plans are informed by continuous assessment of needs and through established feedback mechanisms.								
13.4.2 Conduct post-action surveys to determine the level of satisfaction among beneficiaries.								

Contact information

For further information specifically related to this operation, please contact:

Nepal Red Cross Society:

- Dev Ratna Dhakhwa, Secretary General; phone: +977 427 0650; fax: +977 427 1915; email: dev@nrccs.org
- Dharma Raj Pandey, Head of department, disaster management; phone: +977 98511 30168; email: dharmapandey@nrccs.org
- Umesh Dhakal, Head of Emergency Response Operation (ERO); phone: +66 2661 8201; email: umesh@nrccs.org

IFRC Nepal country office:

- Max Santner, head of delegation; phone: +977 142 85843; mobile: +977 980 114 2422; email: max.santner@ifrc.org
- Michael Higginson, programme coordinator, mobile: + 977 9851221996; email: michael.higginson@ifrc.org

IFRC Asia Pacific regional office in Kuala Lumpur:

- Martin Faller, deputy regional director; email: martin.faller@ifrc.org
- Nelson Castaño Henao, head of DCPRR unit: nelson.castano@ifrc.org
- Mathieu Léonard, operations coordinator; mobile: +6019 620 0357; email: mathieu.leonard@ifrc.org
- Riku Assamaki, regional logistics coordinator; mobile: +6012 298 9752; email: riku.assamaki@ifrc.org
- Diana Ongiti, relationship manager: emergencies; Tel: +60 3 9207 5700; email: diana.ongiti@ifrc.org
- Clarence Sim, acting head of PMER; email: clarence.sim@ifrc.org

IFRC Geneva:

- Susil Perera, senior officer, response and recovery; phone: +412 2730 4947; email: susil.perera@ifrc.org
- Cristina Estrada, Response Recovery Lead ; phone: +412 2730 4260; email: cristina.estrada@ifrc.org



Click for

1. Revised emergency appeal [budget](#) below
2. [Return](#) to the title page

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to **inspire, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the **maintenance and promotion of human dignity and peace in the world.**

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace.**

ANNEX 1: BUDGET

EMERGENCY APPEAL

05/07/2016

MDRNP008

Nepal : Earthquake

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	4,300,481			4,300,481
Construction - Housing	10,500,000			10,500,000
Construction - Facilities	9,662,000			9,662,000
Construction - Materials	28,573			28,573
Clothing & Textiles	688,000			688,000
Food	140,000			140,000
Seeds & Plants	1,642,284			1,642,284
Water, Sanitation & Hygiene	6,982,111			6,982,111
Medical & First Aid	832,994			832,994
Teaching Materials	382			382
Utensils & Tools	1,160,000			1,160,000
Other Supplies & Services	3,352,248			3,352,248
Emergency Response Units			6,550,000	6,550,000
Cash Disbursements	7,500,000			7,500,000
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	46,789,073	0	6,550,000	53,339,073
Vehicles	415,663			415,663
Computer & Telecom Equipment	79,848	30,000		109,848
Office/Household Furniture & Equipment	27,716			27,716
Other Machinery & Equipment	209			209
Total LAND, VEHICLES AND EQUIPMENT	523,436	30,000	0	553,436
Storage, Warehousing	406,288			406,288
Distribution & Monitoring	4,933,488			4,933,488
Transport & Vehicle Costs	1,352,458	54,000		1,406,458
Logistics Services	599,130			599,130
Total LOGISTICS, TRANSPORT AND STORAGE	7,291,364	54,000	0	7,345,364
International Staff	3,756,128	762,750		4,518,878
National Staff	808,114	112,000		920,114
National Society Staff	2,110,623			2,110,623
Volunteers	370,624			370,624
Total PERSONNEL	7,045,489	874,750	0	7,920,239
Consultants	779,281	159,900		939,181
Professional Fees	766,201	120,000		886,201
Total CONSULTANTS & PROFESSIONAL FEES	1,545,482	279,900	0	1,825,381
Workshops & Training	5,411,484			5,411,484
Total WORKSHOP & TRAINING	5,411,484	0	0	5,411,484
Travel	876,702	66,000		942,702
Information & Public Relations	719,578			719,578
Office Costs	359,527	40,500		400,027
Communications	151,448	46,000		197,448
Financial Charges	219,978			219,978
Other General Expenses	74,176	82,000		156,176
Shared Office and Services Costs	1,044,550			1,044,550
Total GENERAL EXPENDITURES	3,445,959	234,500	0	3,680,459
Programme and Services Support Recovery	4,683,399	95,755		4,779,153
Total INDIRECT COSTS	4,683,399	95,755	0	4,779,153

Pledge Earmarking & Reporting Fees	11,664			11,664
Total PLEDGE SPECIFIC COSTS	11,664	0	0	11,664
TOTAL BUDGET	76,747,350	1,568,905	6,550,000	84,866,253
Available Resources				
Multilateral Contributions	50,597,823	1,230,300		51,828,123
Bilateral Contributions			6,550,000	6,550,000
TOTAL AVAILABLE RESOURCES	50,597,823	1,230,300	6,550,000	58,378,123
NET EMERGENCY APPEAL NEEDS	26,149,527	338,605	0	26,488,130

ANNEX 2: ASSUMPTIONS AND RISKS

Assumptions and risks table

ASSUMPTIONS & RISKS	LIST IF SPECIFIC AFFECTED SECTORS OR STATE 'ALL'	Likelihood	Impact	CAN CONTROL; MITIGATE / INFLUENCE; OR ONLY FACTOR-IN
Adequate support (technical, material, and financial) is available for the operation	All	M	H	Can mitigate
Future disasters do not impact upon the same areas affected by the quake and/or different areas, distracting resources and implementation schedules	All	M	H	Factor into disaster preparedness
Access and logistics for delivery of materials, including to remote locations, is not hampered by bad weather conditions	All	M	H	Factor into logistics planning
No/minimal political interference in the project implementation.	All	H	H	Factored in but cannot be mitigated
Project is not affected by political unrest	All	L	M	Factored in
Community interest remains in recovery project with their ownership and contribution.	All	H	H	Can mitigate
Communities understands and accept new techniques being introduced	All	L	M	Can mitigate
Raw material and labour costs does not increase significantly.	Shelter, WASH, Health and Livelihood	H	H	Factored in