

Nepal Earthquake Final Report

April 2020





The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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Cover photo: Kanchi Maya from Sindhupalchok district stands in front of her house and a nearby potable water point build with Red Cross support. Nepal Red Cross Society

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NRCS engineer from Sindhuli district has been providing technical support to earthquake survivors during the construction of their new homes. NRCS



25 April 2015

An earthquake measuring 7.6 magnitude on the Richter scale strikes an area between Kathmandu and Pokhara, with hundreds of aftershocks registered.



April 2015

The Government of Nepal declares a state of emergency and calls for international humanitarian assistance. Red Cross Red Crescent immediately responds by deploying 10 emergency response units (ERUs), including field hospitals, logistic bases, water treatment plants, emergency telecommunication infrastructure and sanitation supplies.



WELCOME NOTE



The devastating earthquakes of 25 April and 12 May 2015 were the biggest natural disaster in the Nepal's recent history, resulting in nearly 9,000 deaths, 1.1 million families affected, and unprecedented damage to housing and infrastructure. The international Red Cross Red Crescent Movement mobilized their full range of resources to support response efforts, and to support the Nepal Red Cross Society (NRCS) in leading the response.

This report covers the Red Cross Red Crescent operations from April 2015 to October 2019, marking almost five years of relief and recovery programmes. The emergency phase focused on saving lives through the distribution of essential relief items, providing emergency shelter solutions, emergency field-based hospitals, and ensuring continuous access to safe water and sanitation.

The recovery programme focused on the provision of integrated services including the provision of durable shelter solutions, restoration of livelihoods, provision of safe water, sanitation and hygiene promotion, increased access to health services and rehabilitation of critical infrastructure including schools and hospitals. Community engagement was the foundation of the whole package, and the glue that bound all programme elements together.

As earthquake recovery activities were scaled down in 2019, efforts and resources were being transitioned to long-term community-based programmes and strengthening of the National Society to ensure its readiness to respond to future crises. Nevertheless, the Covid-19 pandemic has forced the Nepal Red Cross Society and its Movement partners to quickly adapt their strategies. As such, NRCS staff and volunteers are playing a key role as they support health system structures in the response.

Five years since the earthquake provide an opportunity to grieve for the lives that were lost, and to reflect on the resilience and determination of the people of Nepal as they recovered from this disaster. Through 2020 and beyond, the Red Cross Red Crescent remains committed to continue working side by side with the people of Nepal, and to build preparedness and response capacities to health and natural hazards.

A handwritten signature in black ink, appearing to read "Xavier Castellanos".

Mr. Xavier Castellanos
Regional Director of Asia Pacific
**International Federation of Red Cross
and Red Crescent Societies**

A handwritten signature in black ink, appearing to read "Pitambar Aryal".

Mr. Pitambar Aryal
Secretary General
Nepal Red Cross Society

12 May 2015

A second earthquake measuring 7.3 in the Richter scale hits near the town of Namche Bazaar and followed by more than six aftershocks. The seismic activity in Nepal between April and May 2015 would result in the death of 8,790 people, 22,300 injured and millions more affected. An initial rapid assessment is followed to assess situation in Kathmandu valley.



June 2015

In A total of 109,678 emergency shelter items have been distributed for an estimated 548,390 people. Additional food distributions from the Red Cross Red Crescent reach an estimated 1.2 million people.

A NOTE ON READING THIS REPORT

This report presents a collective portrait of the Red Cross and Red Crescent plans, achievements, and financial expenditure in response to the earthquake on 25 April 2015 in Nepal. It reflects a consolidated picture of the best available data obtained in Nepal through the participation of Red Cross and Red Crescent National Societies. This report presents the cumulative achievements of the Red Cross and Red Crescent since the earthquake.

The report consists of programmatic data, collected from field teams in Nepal, and financial data, collected from the headquarters of Partner National Societies. Updated programmatic data was provided by 20 National Societies and the IFRC's secretariat for this report. The programme information and indicators illustrate the principal activities carried out during the relief and recovery phases of operations through to 31 October 2019, but do not reflect the full portfolio of each Federation member.

The financial data reported as of 20 January 2020 shows an analysis of the funds received and expended for the operation in response to the earthquake. The financial information presented in each Federation-wide progress report is reflective of the number of **National Red Cross and Red Crescent Societies** reporting into it. For this 5-year anniversary public report, 20 National Societies and the IFRC Secretariat provided updated financial information as of 30 June 2019. One National Society had already accounted for all their funds raised for the operation; therefore, no updated data was requested from them. A further 15 Red Cross or Red Crescent Societies did not submit updated data for this reporting period, and in all cases their most recent past submission of data was used. The report also tries to capture data regarding activities funded by the Red Cross and Red Crescent but implemented through external partners.

As the methodologies continued to be refined during the operation, the definitions of some indicators may have changed, which may have led to changes in some of the figures previously reported. For explanations of the methodologies and definitions used in this report, please refer to Annexes 1 and 2.

International Federation of Red Cross and Red Crescent Societies (IFRC): refers to the Federation secretariat and all member National Societies, collectively. The term Red Cross Red Crescent is used interchangeably with IFRC. Note that this is different from 'the International Red Cross and Red Crescent Movement' which would include the International Committee of the Red Cross (ICRC) in addition to the Federation secretariat and member National Societies.

July 2015

International donor conference takes place to support recovery and reconstruction efforts.



October 2015

MOU is signed between NRCS, Partner National Societies and IFRC Secretariat on the integrated recovery programme, laying the foundations for the recovery programme for the remainder of the operation.



Local volunteers in Chautara, Sindhupalchowk took part in water, sanitation and hygiene promotion activities conducted by NRCS. All of their houses were damaged in the earthquake. Finnish Red Cross / Minna Passi

Federation secretariat: refers to the coordinating entity which represents the IFRC members. In the earthquake response operation in Nepal – as in many other operations – the secretariat also performs an operational role in the implementation of programmes. For the purpose of Federation-wide reporting, the secretariat must report income, expenditure and the programme results of its operations in the field.

External partner: refers to a non-Federation member, including ICRC, United Nations agencies, governments, foundations, universities, or other international or local NGOs.

December 2015

The National Reconstruction Authority (NRA) is established as a government agency of Nepal to coordinate the reconstruction following the earthquake. The Red Cross Red Crescent officially launches its Movement-wide plan of action which would guide implementation of recovery activities.



January 2016

The Central Bureau of Statistics (CBS) conducts a detailed damage assessment to determine eligibility for housing and reconstruction grants from the Government of Nepal (not including Kathmandu valley districts).

OPERATIONAL OVERVIEW

The April 2015 Nepal earthquake was the worst disaster to have struck Nepal in more than 80 years. The combined impact of the initial earthquake and its aftershocks resulted in nearly 9,000 deaths, an estimated 22,000 injured and millions more affected, as well as damage to critical infrastructure including health facilities, schools, roads and bridges.

April 2020 marks the fifth year of the Nepal earthquake response operation. As news emerged of the widespread destruction in the immediate aftermath, the Red Cross Red Crescent Movement mobilized their full range of resources to support NRCS to provide urgently needed emergency response and life-saving relief services.

Teams from more than 30 Red Cross Red Crescent Partner National Societies joined the relief efforts. In addition, the International Committee of the Red Cross (ICRC) played a key role through restoring family links (RFL) and dignified management of the dead (DMD) activities. Collectively, Movement partners reached more than 3.5 million people with relief assistance across 14 affected districts.

The experience gained from previous large-scale operations including the 2010 Haiti earthquake and the 2013 Haiyan typhoon in the Philippines enabled the Red Cross Red Crescent to better plan and respond with relevant services to those affected. However, the context of the operation presented its own challenges, including customs and importation issues, limited access to aircraft caused by the impact of the earthquake, seasonal monsoon floods, and remote access to many affected areas. In addition, the aftermath of the earthquake brought to light key challenges currently facing by many countries in South Asia including urban risk, inequality, violence, poor infrastructure and intermittent access to health services.

From the start of the operation, the Red Cross Red Crescent laid the foundation to address the long-term recovery needs of the affected population through a unified coordination structure and action plan, continuous engagement with the affected communities and ensuring alignment with government strategies.

Five years after the earthquake the foundation in Nepal remains strong, with a robust humanitarian architecture and strong institutions. The Nepal Red Cross Society has emerged even stronger, with experienced and motivated staff and volunteers, as well as a renewed commitment in its support to the government.



September 2016

Distribution of first recovery shelter grants has started based on damage assessment.



March 2017

Distribution of 2nd, 3rd and 4th shelter grants started.

BUILDING BETTER SHELTERED COMMUNITIES

The catastrophic earthquakes 25 April and 12 May 2015 were Nepal's biggest natural disaster in over 80 years. Compounded by more than 300 aftershocks, the devastation was widespread across Central Nepal. Nearly 9,000 fatalities were recorded and more than 22,000 injuries. An estimated eight million people, almost one third of the population of Nepal, have been impacted by these earthquakes.

The widespread destruction included residential and government buildings, schools, health posts, heritage sites, roads, bridges and other vital infrastructure. The government of Nepal estimated a total of 498,852 houses had fully collapsed or were damaged beyond repair¹.

Access to basic services such as health and education was also affected in rural areas in the western and central regions due to road damage and these areas were further isolated as a result. In the worst hit areas, many settlements were swept away by landslides and avalanches triggered by the earthquakes.

The Nepal Red Cross Society immediately responded by activating its emergency operations centre and mobilized thousands of volunteers to provide first aid and to search for survivors in damaged buildings. Parallel to the local response, the Red Cross Red Crescent Movement was quickly mobilized to support NRCS relief efforts.

For the first few months after the disaster, the focus was on the provision of food, healthcare safe access to water and sanitation and providing emergency shelter solutions to affected communities. Collectively, the Red Cross Red Crescent reached a total of 130,334 families with at least one type of emergency shelter material during the relief phase.

Anticipating the lower temperatures in the latter part of the year, seasonal support to affected households remained a priority for NRCS and Movement partners. A total of 49,996 families were provided with seasonal support consisting mainly of unconditional cash distribution. Following a post-distribution monitoring exercise, 98 per cent of surveyed beneficiaries were satisfied with the cash support, and 99 per cent were satisfied with the information channels used to notify them of the dates and distribution points.



March 7, 2017. Kaule, Nuwakot, Nepal. Maina Singh Tamang (right) proudly shows NRCS volunteer Hira (left) his newly built home. Thanks to masonry training provided by the Red Cross, Maina was able to integrate sill bands and other features into his home to make it more resistant to earthquakes. American Red Cross / Brad Zerivitz

July 2017

Mid-term review of Red Cross Red Crescent earthquake response operation takes place.



January 2018

A transitional working group is formed between NRCS, the IFRC Secretariat and the Partner National Societies in country to lay the transition from recovery to longer-term development programmes.

1. National Planning Commission, Government of Nepal. Post Disaster Needs Assessment. Sector Reports, Kathmandu, 2015.

The effects of the earthquake on the built environment were primarily the result of the significant seismic vulnerability of unreinforced masonry buildings that were prevalent throughout the country. There was a general lack of awareness of seismic risk in communities, coupled with a lack of dissemination of improved construction practices, especially in rural areas.

With the phase-out of relief activities, the focus turned to recovery, with the Government of Nepal taking the lead by setting up guidelines and a common framework for humanitarian action to guide the recovery process.

In December 2015, the Nepal Red Cross Society (NRCS) concluded an agreement with the Department of Urban Development and Building Construction (DUDBC) on behalf of Red Cross Red Crescent partners to support the government's recovery strategy. Collaboration and alignment with government priorities were further reinforced through the establishment of the National Reconstruction Authority (NRA) in December 2015, under which all humanitarian organizations including the Red Cross Red Crescent had to align their strategies accordingly where shelter services were to be provided to more than 600,000 homes. The NRCS signed an agreement with the government to adopt an owner-driven approach for 7,000 households in the most affected districts. Two key elements that guided Red Cross Red Crescent partners' recovery efforts included the concept of building back better, and technical teams following a more integrated model of recovery, where shelter, WASH, health and livelihood activities were coherently implemented.

Community engagement was at the heart of recovery programming and formed the foundation of all recovery efforts. Through community assessments, affected households were given an opportunity to identify their priorities and thus guide the design and implementation of activities. Under the owner-driven approach to shelter recovery, the Red Cross provided direct assistance to households to support them in rebuilding their damaged homes. The prioritization of needs and decision-making were in the hands of affected households, building their skills and self-confidence.



82,705 Community members orientated on building back safer

5,683 Semi-skilled people trained and certified in masonry and/or carpentry

7,260 Families that have received at least an initial tranche of cash grants as part of shelter support.

March 2019

A lessons learned workshop is held in Kathmandu. This event gathered representatives from NRCS, IFRC Secretariat, ICRC and 13 Partner National Societies in country with the aim of collectively defining the way the lessons learnt from this operation would contribute to learning and change in the Movement.



September 2019

The IFRC Secretariat earthquake appeal is closed, marking the end of recovery activities along with other Partner National Societies in country.



After getting the Red Cross training to work as a mason, Huma Sathighare has been breaking the gender stereotypes in the construction sites dominated traditionally by men. NRCS

Breaking a Job Stereotype, Huma in Reconstruction

Being a mason has traditionally been seen as a man's job in Nepalese society. But women's participation in masons' training conducted by the Red Cross is changing that.

Huma Sathighare tried her luck everywhere. She helped her parents with their tea shop but without success. She then went to Qatar to look for work but that did not work for her either. Huma always wanted to get into construction work, but could not find any good job opportunities in that area. One day her and her husband learned about a Red Cross mason's training in their community. This was an opportunity for them to do the type of work they wanted to do. Although both of them had applied, only

Huma was selected for the training. She did a week-long mason training and got certified as a skilled mason. After the training, she learnt about safer construction techniques and how to make houses more resilient to earthquakes, but it was still difficult for her to find a job. Huma said, "Although I know how to construct and mobilize other semiskilled masons, it is still difficult for me to get a leading role in construction. There is a mind-set in our society that construction is normally men's work. Because of this, it is difficult for women to find employers who would trust them."

Huma's neighbour trusted her for the first time to lead his house construction and Huma and her husband worked together in the project. They hired labourers and successfully completed the house. After their first project, it was easier for them to get other work.

Despite her difficulties, Huma is doing her best and continues to build stronger houses using the skills she learnt in the training.



Huma placing bricks at a construction site. NRCS

Following Government guidelines, target families received a shelter cash grant of 300,000 Nepalese Rupees from the Red Cross. This was complemented with awareness training using the Participatory Approaches for Safer Shelter Awareness (PASSA), as well as with necessary technical assistance to promote a culture of resilient and durable housing and settlement in all target areas, including masonry training.

As of October 2019, a total of 7,260 households were provided with cash grants as a shelter solution. In addition, 82,705 community members received orientation on building back safer, and 5,683 people were trained and certified in masonry and/or carpentry skills.

Throughout the recovery phase, Red Cross Red Crescent partners carried out evaluative exercises to assess the relevance and effectiveness of the recovery programme, including shelter activities. These exercises highlighted the Red Cross approach as successful and appreciated by the communities, thanks in great part to regular monitoring by field staff and constant interactions with community members that helped build trust over time. Thus, Red Cross approach to shelter recovery in Nepal represents a sound approach that can be adapted to future operations.

Ultimately, the Red Cross Red Crescent has empowered communities in Nepal by providing them with skills and resources and have greater ownership of recovery activities. Five years after the earthquake, the Nepal Red Cross Society continues to build awareness on safe construction practices using the PASSA methodology in specific areas.

Nepal, 2015. Following the April 25 earthquake in Nepal, the Nepal Red Cross and Danish Red Cross distributed self-recovery shelter kits to 2,000 earthquake affected households in Lamjung district to help them establish temporary homes. These kits included corrugated galvanised iron (CGI) sheets, toolkits, kitchen sets and blankets. NRCS



BUILDING HEALTHIER COMMUNITIES

Water, sanitation and hygiene (WASH)

Reliable access to safe water and sanitation are essential to maintaining good health. In the wake of the earthquakes, water became a vital need that had to be addressed in order to avert the spread of disease and maintain a minimum standard of health among the affected population.

In 14 of the severely-affected districts, the vast majority of the water systems were gravity-fed that made use of streams or springs as their source. Of these, an estimated 1,570 systems were completely damaged and an additional 3,663 systems were partially damaged. There was also a risk of contamination of some water sources that also resulted from landslides. The relief efforts of the Nepal Red Cross Society and Red Cross Red Crescent partners aimed to meet the immediate needs of the affected population. Collectively, the Red Cross Red Crescent reached 247,839 people with emergency water distributions, 98,640 families were provided with hygiene kits, and up to 70,400 families were provided with access to improved sanitation facilities in more than 230 communities in target districts.

In the weeks that followed, detailed assessments were undertaken to determine the communities to be assisted through longer-term recovery activities. The Red Cross coordinated closely with the department of water supply and sewerage (DWSS) who was the WASH cluster lead agency, which ensured alignment with national priorities.

The main goal of the recovery WASH activities was to achieve a sustainable reduction in the risk of water-borne diseases. This was achieved through the provision of safe and adequate water supplies, sanitation facilities and hygiene promotion activities as an integrated package, and in close coordination with other technical teams including health, shelter and livelihoods.

Hygiene promotion activities focused on improving hygiene behaviour and knowledge of target communities in key areas including water treatment, safe drinking water, hand washing, proper use of sanitation facilities, food and nutrition, solid and liquid waste management, and oral rehydration therapy. Information, education, and communication (IEC) materials were developed and disseminated throughout the communities and schools; including hygiene promotion messages in household and public toilets aimed at promoting better hygiene practices. A total of 164,929 people were reached with hygiene promotion activities during the recovery phase.



A local woman washes clothes at a potable point provided by the Red Cross Red Crescent in Gorkha district. NRCS

People's lives have been transformed by the completion of these water points. For thousands of people, some in remote areas, these have saved many hours a day that were previously spent fetching water, as now there is more time for people to grow vegetables or tend livestock, and improving communities' economic situation. Furthermore, new toilets have helped communities gradually become free from open defecation which was once the norm in many areas. In September 2019, in part thanks to important contributions from Red Cross Red Crescent efforts, Nepal became the first open defecation-free country in South Asia.



282

Newly built or rehabilitated water access points

80,641

People reached with access to newly built or rehabilitated water access points

164,929

People reached with hygiene promotion activities

9,652

Newly constructed or rehabilitated sanitation facilities

46,870

Households reached with access to newly constructed or rehabilitated sanitation facilities

Construction of water systems changes the lives of people for the better in Rasuwa district

Sushma Thing lives in the Saramthali village in Rasuwa district with her husband Aetaram, where they now care for their 3-year-old daughter and Aetaram's aging grandparents. Sushma says "We used to have to go all the way to the stream for everything, including fetching water for the cows, to bathe and to wash the clothes".



Sushma Thing with her daughter collecting water from a nearby water point constructed by NRCS in Rasuwa District Chapter. NRCS

Not having access to a water system meant they had to walk several times a day for nearly half an hour to meet their water needs. This is a task that often falls largely on women in hillside households in Nepal. "We needed a bucket of water to wash our faces and another bucket of water to make tea as soon as we wake up," says Sushma.

After disasters like the 2015 earthquake, a lack of toilets, poor water access, and difficulty maintaining hygiene in temporary living conditions put communities at risk of disease and infection. When the Red Cross worked with the community to build a new water scheme, the young couple were happy to volunteer their labour, carrying sand and cement and helping break gravel. Aetaram says "It was difficult, but you can't get to happiness without bearing a little bit of hardship."

Healthcare

The earthquakes caused severe damage and losses to health infrastructure, which resulted in the disruption of healthcare service delivery. Among these were five hospitals, 12 primary health care centres, and 417 health posts (HPs). More than 80 per cent of the affected health facilities were located in Sindhupalchok, Nuwakot and Ghoroka districts, thus affecting the ability of these facilities to respond to the healthcare needs of the affected population, especially in the more remote areas².

With mounting human casualties, the health facilities that remained operational were overwhelmed. In Kathmandu, there was insufficient supply of basic trauma care materials, medicines and orthopaedic equipment. The first priority of the ministry of health and population (MoHP) and District Health Offices (DHOs) was to put the disrupted health services back on track to address the demands of an increased patient flow in the affected areas. In the aftermath of the earthquake, drugs and supplies were needed, temporary structures had to be rented, outbreaks of vector-borne diseases had to be prevented, and those affected by the earthquakes required immediate treatment.

As part of global emergency response mechanisms, Emergency Response Units (ERUs) were deployed to Nepal shortly after the earthquake, including a Norwegian Red Cross rapid deployment hospital, a Canadian Red Cross basic health care unit with maternal, newborn and child health (MNCH) capacity, a health ERU from Japanese Red Cross with a surgical team and mobile clinics run by other partner national societies including Korean Red Cross. Within the first year of the operation, as many as 56,250 patients were served by these facilities. In addition, there was a need to provide psychosocial support, including stress management for adults and play therapy for children in affected communities. A total of 60,166 people were reached with psychosocial activities across 10 districts over the same period.

The strong and respectful relationship that developed between the Red Cross and MoHP ensured a cohesive and sustained provision of health services in the most affected districts. In the weeks that followed, NRCS worked closely with MoHP to continue carrying out detailed assessments to inform the recovery health programmes. As a result, a comprehensive plan of activities was developed in which the Red Cross Red Crescent was to make a significant contribution.

The health component of the Red Cross Red Crescent recovery programme focused on the reconstruction of health infrastructure, health system strengthening, strengthening NRCS emergency health capacities, health promotion and disease prevention.

The rehabilitation of health facilities included ensuring appropriate water quality and sufficient supply to undertake hygiene practices, solid waste management for disease prevention, provision of adequate sanitation facilities and appropriate drainage for vector disease



NRCS' newly-created Red Cross Emergency Clinic (RCEC) offers service to the senior citizen in Rautahat district. Canadian Red Cross

2. Nepal earthquake (2015). Post Disaster Needs Assessment. Sector Reports. Kathmandu: National Planning Commission, Government of Nepal.

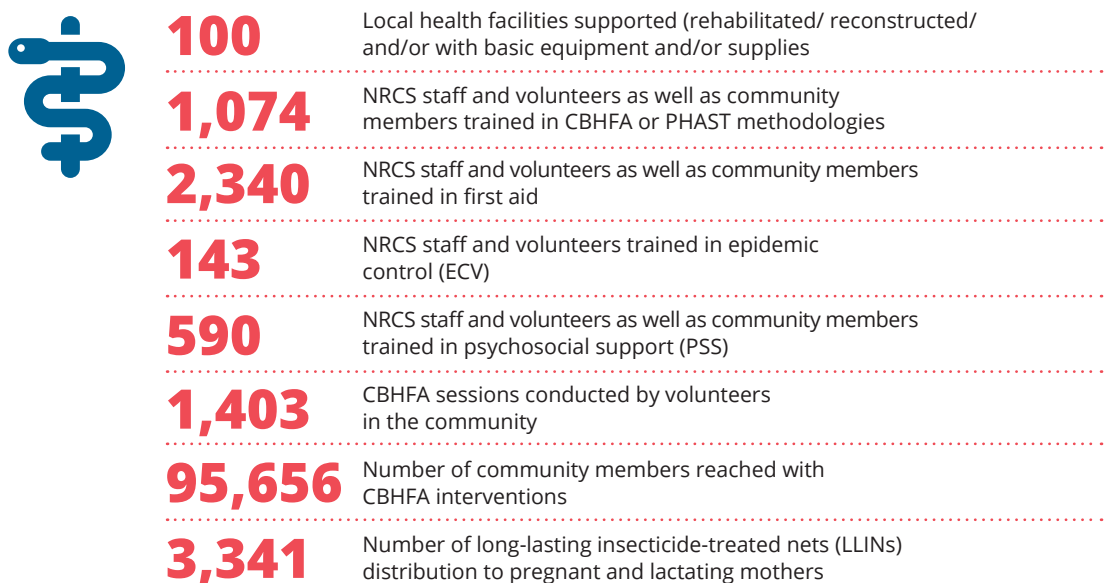


In the second half of 2019, NRCS' very own Red Cross Emergency Clinic (RCEC) members received a refresher training in Emergency Health Services in Bhakatapur. Canadian Red Cross

management. As of October 2019, the Red Cross Red Crescent reconstructed a total of 28 health facilities, and provided 72 such facilities with basic equipment and supplies. After reconstruction and support of equipment to these facilities, primary healthcare services such as reproductive, maternal, newborn and child health (RMNCH), rural emergency and trauma system strengthening, communicable disease prevention, education and counselling, outreach activities, delivery and referral services to district hospitals were able to continue.

Strengthening of NRCS emergency health capacities has also been a strategic element in the response. With support from Canadian Red Cross, a rapidly deployable health response unit has been created to provide life-saving services during health emergencies, especially during water-borne disease outbreaks. Known as the Red Cross Emergency Clinic (RCEC), this unit has been designed to provide healthcare to people within 24-48 hours of an outbreak or health emergency. Following its creation, this NRCS unit has already seen deployments to rural areas, including in the Rautahat district. The characteristics of this unit already approach the WHO Emergency Medical Team level 1 minimum standards service package³.

A total of 1,074 NRCS staff and volunteers were trained in Community-based health and first aid (CBHFA). This methodology supports Red Cross health projects by increasing health awareness within communities. Through CBHFA, communities can examine existing health behaviour and what measures can be taken to ensure better health. By the end of the recovery activities, a total of 95,656 community members were reached with CBHFA activities. Collectively, these awareness interventions have had an impact on the target communities as post-intervention assessments have shown an overall improvement in health and sanitation practices, especially among women. There is an increased drive towards better hygiene and sanitation practices and community members are now more aware on the importance of taking care of their own health⁴.



3. Canadian Red Cross Society. Annual project report (Report No. 1109), Nepal Delegation, January 2020.
 4. British Red Cross Society. External review and meta-evaluation synthesis: Nepal Earthquake Recovery Programme, abridged version, July 2019.

Raising awareness about malnutrition

Dolhari Khatiwada, from the village of Harkapur in the Okhaldhunga district, had problems getting married because of his disability. At the age of 40, he finally found someone and the couple was blessed with a baby girl, whom they named Laxmi, after the Hindu goddess of wealth.



Dolhari's wife Sabita and their daughter Laxmi. NRCS

In 2017, Social Mobilizers from NRCS conducted door to door visits in Harkapur to assess the nutrition situation for pregnant/breast-feeding mothers and their infants. Based on her size and other inspections, Laxmi's nutrition status was found to be alarming. The mobilizers suggested taking Laxmi to the Health Care Centre in a nearby village. The family took the advice and Laxmi was treated at the Health Care Centre. The family was also briefed on the appropriate diet to ensure Laxmi was provided with adequate nutrition in the future.

Laxmi's condition has now improved. In that same winter, NRCS launched Nyano Jhola distribution programme to protect infants from cold. There are many infants like Laxmi who have benefitted from the NRCS door to door service. Families did not realize that their babies were in a situation where they needed medical attention. After being advised by the mobilizers conducting the door to door visits, many have visited the nearest health centre and benefitted from it.

The number of people visiting health centres for pregnancy check-up, delivery and vaccination has increased in the area. The local people appreciate these NRCS services and hope that these will continue in the long term.



NRCS trained volunteer measures examines Laxmi's body dimensions for subsequent referral and treatment. NRCS

BUILDING SAFER COMMUNITIES

Violence prevention

The risk of violence against women and children, including psychological and sexual violence, increases after natural disasters⁵. Increased stress and feelings of powerlessness due to the loss of property and livelihood, the scarcity of basic provisions, post-traumatic stress and other factors can easily lead to hegemonic masculinity issues that can contribute to increased violence.

Prior to the earthquake, Nepal had significantly high levels of violence against women and girls, with one in five women having experienced physical violence and more than one in ten women having experienced sexual violence at least once in their lifetime¹.



Community members showing pocket card with referral numbers to ask for help against gender-based violence and child abuse. NRCS

The prolonged disruption of water and sanitation services had a disproportionate impact on women and girls including the social costs of time and energy spent having to collect water, diminished child care and reduced school attendance. The increasing unrest in the affected communities following the earthquakes put an estimated 40,000 women and girls at immediate risk of sexual and gender-based violence (SGBV)⁵.

During the relief phase, NRCS staff, volunteers and healthcare workers received training in SGBV and child protection to understand various concepts of violence, identify victims and learn about the different types of support that could be provided to those affected. In turn, NRCS broadcast preventive messaging on child protection and SGBV by engaging local radio stations to host conversations with local gender experts. Similarly, public service announcements on violence prevention were widely shared with more than 36 community radio stations.

The National Society also developed, published and distributed around 60,000 information, education and communication (IEC) materials on SGBV, child protection and protection of people with disabilities. These materials were disseminated by NRCS volunteers and social mobilizers in all programme districts. These messages have played a key role to ensure that community members are aware about the relevant referral mechanisms should the need arise.

An SGBV and protection, as well as gender equality and social inclusion (GESI) lens were also applied to the design and implementation of the recovery activities. Great efforts were made to identify individuals and households that were particularly vulnerable so they could be provided with the relevant services. Similarly, referral mechanisms for SGBV cases as well as people with disabilities were put in place, ensuring the confidentiality of reported cases.

Following assessments, selected women groups in these districts became the recipients of income generation activities, including credit and loan disbursements accompanied by training in small business enterprises.

Disaster preparedness and risk reduction

Nepal is one of the most disaster-prone countries in the world⁵. Before the 2015 earthquakes, the last great earthquake of magnitude 8.4 was recorded in 1934, resulting in more than 10,000 deaths in the Kathmandu valley. There have since been earthquakes causing severe human and physical loss in 1980, 1988 and 2011.

The catastrophic effects of the earthquake on the built environment of Nepal was primarily the result of the significant seismic vulnerability of unreinforced buildings throughout the country. There was a general lack of awareness of seismic risk in communities, coupled with a lack of dissemination of improved construction practices (particularly in rural areas), and a slow mechanism for enforcement of the relevant building codes.

After the earthquake struck on 25 April 2015, NRCS immediately responded by distributing life-saving relief items, including food items, tarpaulins and tents, jerrycans, blankets and hygiene kits from NRCS warehouses located in five different regions. Within the first year of the operation, NRCS and Movement partners were able to reach 90,544 families with at least one type of essential non-food item.

Floods and landslides are also a frequent occurrence in Nepal during the monsoon season, when the country receives more than 80 percent of its annual rainfall⁶. With the monsoon season extending from June to September, there was a strong concern that the destabilized slopes from the earthquakes made affected areas even more susceptible to landslides,



As part of a basic health care training provided by the Red Cross Red Crescent, students from five local schools in Melamchi practice "fixing" broken bones. Melamchi is located 3 hours northwest of Kathmandu and was one of the hardest hit districts following the 7.8 Magnitude earthquake on 25 April. In this particular training, the Red Cross taught basic first aid. IFRC / Niki Clark

5. Bista, S. B., & Sharma, S. Violence against women and girls with disabilities during and after the 2015 Nepal earthquake: thematic analysis of qualitative data. *The Lancet Global Health*, 7, S45, 2015.

6. Nepal floods data, extracted from www.floodresilience.net

coupled with the potential for flooding. The NRCS and Movement partners coordinated closely with the Government of Nepal to prepare for the approaching monsoon season. Anticipating the seasonal rains and potential floods, the short-term priorities of NRCS included implementing measures aimed at improving preparedness and response capacities within the National Society such as multi-hazard risk monitoring, vulnerability assessments and risk awareness dissemination. As part of disaster preparedness efforts by the end of 2019, an estimated 70,566 people were covered with pre-positioned NFIs in case of future emergencies.



The long experience of NRCS in community-based programming and approaches to community mobilization were capitalized during the recovery phase. As a foundation for building community resilience the Red Cross Red Crescent recovery programme adopted a strong community-based disaster risk reduction perspective that included building back safer concepts. A total of 71 NRCS staff and volunteers were trained to facilitate community-based disaster risk reduction (CBDRR) methodologies to assess communities' exposure to, and capacity to resist natural hazards. In turn a total of 1,325 community members were trained in basic CBDRR.

People from the Jyamdi Mandan village local government (also known as village development committee or VDC) are among 14,970 people targeted by the Red Cross Red Crescent for programmes to raise community awareness of disaster risks and identify local disaster mitigation activities. After doing a vulnerability and capacity assessment (VCA) and mapping the village, village groups will establish a community disaster management committee with responsibilities that include hazard mitigation, preparedness, response and prevention, livelihoods, water, sanitation and hygiene promotion (WASH) and health. IFRC

The experience gained from this operation has shown that building safer communities requires a holistic approach where communities knowledge and capacities are strengthened to identify and respond to disaster risks, to improve community-based early warning measures and increase awareness in SGBV and protection mechanisms.



This street drama, organized by the local Red Cross in Lalitpur district engaged the audience on many topical issues such as drunkenness, family disputes over land, sexual violence and caste discrimination. Such performances were just one way of communicating with people affected by the earthquake. NRCS



Lalitpur, Kathmandu valley farmer Amrit Silwal, 36, is getting ready to harvest his first crop of cauliflower. It's a good cash crop, netting 50 Nepali rupees per kilo (roughly .45 Swiss franc/47 US cents) for his family, which lost their house in the quake. NRCS

BUILDING MORE ECONOMICALLY RESILIENT COMMUNITIES

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The economic impact of the earthquakes was massive, severely affecting people's livelihoods. In addition to Kathmandu, the central and western regions were severely affected, made up mainly of rural towns and villages. Initial assessments showed that these poorer, rural locations were disproportionately affected relative to the urban and less poor areas, with severe damage to basic infrastructure that included irrigation canals, access foot trails and river crossings.

The aftermath of the earthquakes also highlighted aspects of inequities in Nepali society spanning geography, income and gender. Some of the affected districts had a skewed female population due to male out-migration, which meant women had to take on a larger responsibility of rebuilding sectors like agriculture and livestock. The widespread loss of food stocks, damage to crops including death of animals and failure of small-scale enterprises has caused a severe livelihoods shock for those who relied in agriculture and livestock for their livelihood.

From the start of the operation, the Nepal Red Cross Society supported the government in carrying out the initial rapid assessment (IRA) across all affected districts. Red Cross Red Crescent partners were also engaged in the OCHA-led working group for assessments and cash coordination. By June 2015, NRCS had completed detailed assessments in 23 of the affected districts, of which 16 were selected for the recovery programme.

The initial response of the Red Cross Red Crescent was to prioritize the short- and medium-term livelihood needs of those affected to promote more self-sustainable options for longer term income. Livelihoods support was seen as a cross-cutting issue across all sectors and as such, an integrated approach was adopted to planning and implementing these activities.



*Nepal earthquake operation
 December 2015. Cash distribution
 in the seasonal relief programme
 of the Nepal Red Cross Society
 and American Red Cross in the
 remote, mountainous village of
 Lachyang (about 1,400m altitude,
 in Nuwakot district). NRCS*

During the relief phase, livelihoods support focused on ensuring food security through the distribution of ready-to-eat food items and seasonal cash grants. These grants contributed greatly to overcome the onset of winter by enabling families to purchase warm clothes and blankets as well as livestock purchases. Through these grants, a total of 49,996 families across 16 districts were reached which bolstered their resilience and enabled them to be better prepared for the coming winter months.

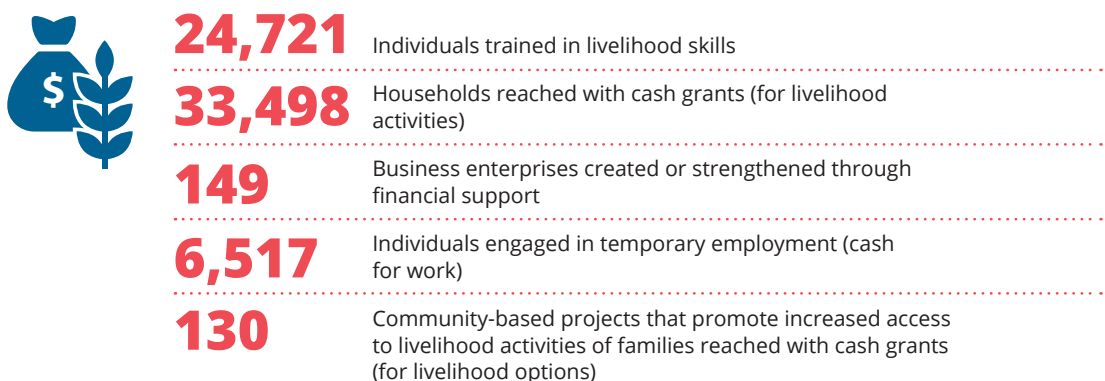
As the operation transitioned into the early recovery phase, the reconstruction efforts started to gain momentum and there was a significant increase in demand of skilled and semi-skilled labour. Longer-term recovery activities included a wide use of cash-based approaches (both conditional and unconditional), as well as the provision of training opportunities. This was an opportunity to train people in new skills, including carpentry and masonry in order to increase the skill base and address the

labour demand. Collectively, the Red Cross Red Crescent trained 24,721 people in livelihood skills during the recovery phase.

Many people also took part in cash for work community projects such as repair of irrigation canal, reconstruction of foot trails or clearing earthquake debris. An approximate total of 6,517 people were supported with temporary employment through cash-for-work activities. A total of 85 irrigation canals and 43 foot trails were rebuilt in various communities. As such, 1,026 individuals participated in the construction and renovation work and benefited in terms of employment through contributing to their family livelihoods.

Livelihoods was the key component of the recovery programme, covering restoration of livelihoods through conditional cash grants for vocational training and support for enterprise development, and cash for work activities.

Livelihood activities played a key role in the earthquake operation by restoring income, for food security while strengthening the local economy. Increased participation of women in livelihood activities became a life changing event to many of them. The program provides them with opportunity to engaged in diversifying their income-generating activities, that help rebuilt back their lives better.



Buddha Tamang, Thampaldhap village

After the earthquake in 2015, 23-year-old Buddha Tamang returned to his home village in Thampaldhap after working in India for around seven years. The earthquake took lives of four of his family members, including his mother. It was a difficult time for everyone in the community. After the disaster, Buddha continued to work in the village to help his family.

Buddha had some hopes and plan in his mind. When he got selected as a vulnerable household for a conditional cash grant, Buddha was able to open a local restaurant.

Adding his own savings, he spent the cash grant of NPR 40,000 on purchasing a gas stove and furniture and started his business. His wife comes to help him around from time to time. Five years after the earthquake, Buddha is still happy living with his family and working in his village. "I don't want to go anywhere else", says Buddha.



Buddha Tamang in his restaurant. NRCs

The village of Naman Dada in the Mahankal municipality is located in a geographically complex area with sharp slopes, where the ward office and health post are situated together. Because of earthquake in 2015, the local health post was severely damaged. Through the Red Cross Red Crescent recovery programme, a new health post is near completion and is due to start providing health services soon. In addition, to enable ease of access to these newly built facilities, a 128-metre-long foot trail was built through the implementation of cash for work activities. The new trail not only minimizes the risk to senior citizens and pregnant women, but also reduces the distance between the ward office and the health post.



Naman Dada before foot trail. Courtesy of British Red Cross Society



Completed Naman dada post foot trail. Courtesy of British Red Cross Society

The village of Naman Dada in the Mahankal municipality is located in a geographically complex area with sharp slopes, where the ward office and health post are situated together. Because of earthquake in 2015, the local health post was severely damaged. Through the Red Cross Red Crescent recovery programme, a new health post is near completion and is due to start providing health services soon. In addition, to enable ease of access to these newly built facilities, a 128-metre-long foot trail was built through the implementation of cash for work activities. The new trail not only minimizes the risk to senior citizens and pregnant women, but also reduces the distance between the ward office and the health post.

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY

Engagement with communities plays a vital role when responding to disasters. Providing timely and accurate information to target communities can be just as important as relief support such as water, food and shelter.

Along with Planning Monitoring Evaluation and Reporting (PMER) as well as Information Management (IM), Community Engagement and Accountability (CEA) has been developed as a Red Cross Red Crescent approach to operations and is supported by a set of activities that place communities at the centre of planning and implementation of relief and recovery activities. CEA has been a strategic pillar of the earthquake operation, enabling the Red Cross Red Crescent to improve its situational awareness on the one hand, and on the other enabling community members to express their needs and thus influence the delivery of aid services.

Importantly, CEA and PMER-IM teams engaged communities through detailed needs assessments, thus enabling them to identify their priorities. With a range of successful community-based programmes that made use of participatory methods before the earthquake, the National Society was in a good position to engage at the community level and identify any potential gaps in service provision.



NRCS volunteers operate the Red Cross Hotline 1130, a two-way response mechanism established by NRCS to collect community feedback, suggestions and questions on the support activities of the Red Cross. NRCS

During the recovery phase, NRCS developed an information system using various communication channels to collect beneficiary feedback and respond to any complaints. A total of 105 suggestion boxes and 28 notice boards were placed in key locations across 14 target districts as a way to collect beneficiary feedback. Through the Annapurna Post national newspaper, NRCS also published a weekly question and answer (Q&A) section, where answers to readers' questions related to the Red Cross and its activities were published.

Additionally, a telephone hotline service called Red Cross Hotline – 1130, was also established by NRCS, through which more than 2,000 beneficiary queries were collected and resolved. The hotline provided valuable insight into the communities' thinking around the recovery phase and highlighted shelter and livelihood activities as the top priority for the affected families. This was ultimately useful for the Red Cross Red Crescent to improve awareness messaging and communication strategies.

The NRCS radio team also produced twice-weekly 30-minute radio shows named "Together for Humanity". These shows were broadcast nationally on community radio stations including the 14 affected districts. The content in these broadcasts covered a range of topics including prevention of water-borne diseases, government guidelines on shelter reconstruction, general

criteria for shelter reconstruction grants, and general updates on the response operation. Also, NRCS conducted street drama events carrying relevant awareness messages including hygiene promotion and safer construction techniques, reaching an estimated 23,800 people.

CEA approaches were necessary and successful during the Nepal earthquake response. Throughout the recovery phase, CEA activities enabled the NRCS and Movement partners to engage with communities hold themselves accountable for their service delivery. The Nepal experience has shown that the effectiveness of humanitarian action is dependent on the adoption of local expertise and knowledge when prioritising the needs of those affected.

A NRCS social mobilizer uses a mobile phone to conduct a household survey. NRCS



STRENGTHENING NRCS

The Nepal Red Cross Society was not spared by the earthquake. It lost staff members and volunteers, and suffered heavy damage in its infrastructure. Initial assessments showed a total of 24 NRCS buildings damaged or destroyed, including 21 damaged chapter offices and its central warehouse in Kathmandu. Despite its losses, NRCS immediately mobilized staff and volunteers to conduct an initial rapid assessment in the affected districts. NRCS quickly developed an emergency plan of action to guide all the relief activities.

In 2019, NRCS embarked in a new planning process towards the formulation of a Consolidated National Society Development Plan, based on the findings of multiple assessments, including an organizational capacity assessment and certification process (OCAC), a Preparedness for Effective Response – (PER) process, and a review of several evaluations of the operation with a view to initiate a national-wide National Society Development (NSD) process from 2020 to 2025. This process included multiple consultations to ensure that the design phase takes into account the changing context of the country (in particular its new federal system). Such efforts will continue into 2020 when the Consolidated NSD Plan will be finalized, endorsed and launched .

Similarly, investment in community-based disaster risk reduction, along with NRCS branch response capacities, have been identified as a strategic priority for NRCS as a strong foundation for potential future operations. This would be accompanied by new capacities to make use of innovative media tools to implement knowledge and behaviour change activities to foster a culture of safety and resilience at all levels, both within and outside NRCS, including safer construction techniques. Thus, partnership and coalition building for community resilience has been a key area of focus for NRCS during this period.



Newly operated emergency operations centre (EOC) at the NRCS headquarters in Kathmandu. NRCS

More importantly, the NRCS is focusing on improving the capacity of its staff and volunteers, having learned important lessons from the earthquake operation. Volunteer mobilization will be given high priority, whilst improving existing tools and mechanisms in this area for more efficient service delivery⁷.

The Nepal Red Cross Society has been engaged before and during the disaster, and will continue to engage with communities after the disaster. There is an already strong foundation in Nepal, including a robust humanitarian architecture, coupled with strong Nepalese institutions.

Despite the human and material losses endured in the aftermath of the earthquake, NRCS performed admirably in its immediate response to the earthquakes: since the beginning of the operation, NRCS mobilized more than 7,900 volunteers; with support from Movement partners, it was able to reach an estimated 4 million people with relief and recovery services.

7. Nepal Red Cross Society. Strategic Plan 2016-2020, Kathmandu, Nepal, 2016.

NRCS has a strong tradition of working closely with Red Cross Red Crescent Movement partners. In more than 30 years of collaborating with all components of the Movement, it has developed a strong culture of mutual support and respect. Based on a well-developed structure that enables effective Movement coordination, the NRCS experience from the 2015 earthquakes shows how the whole of the Movement is stronger than its components. This is a case example of how our collective strengths can be mobilized to meet the humanitarian needs and to strengthen the National Society to continue supporting the Government of Nepal through the delivery of effective, relevant and quality humanitarian services.

Shortly after its creation, NRCS' Red Cross Emergency Clinic (RCEC) carries out one of its first activities to offer health services to communities in Rautahat district. NRCS



LEARNING FROM NEPAL

The Nepal earthquake operation has benefitted from experiences gained in previous large-scale disasters, including the 2010 Haiti earthquake and the 2013 typhoon Haiyan in the Philippines. The experiences gained from working in high-density urban centres during the Haiti earthquake in particular have influenced the Red Cross Red Crescent's approach to its response. In addition, throughout the operation, reviews, external evaluations and lessons learned workshops have been carried out to assess and fine-tune the service delivery, and to gather lessons that can be applied to future disasters. Key learnings from this operation which could be adapted to future disaster scenarios include the following:

- In future large-scale relief operations, there is a need to call upon longer-term recovery expertise early on in the response. This position should be embedded into the relief operation at an early stage to research and fully understand the context and capacities, so that recovery plans can be built on realistic foundations, and to ensure a smooth transition from relief to recovery phases.
- This operation also highlights the importance of greater synergies and complementarity of community-based disaster risk reduction (DRR) and shelter approaches. In future operations, streamlining DRR and shelter activities in similar contexts could result in increased community resilience through a better understanding of urban risks, combined with better construction practices.⁸
- In the early stage of the operation, procurement, and customs challenges were identified as a key learning. Thus, greater investment in logistics and procurement capacities are recommended so that these can effectively support integrated cash and in-kind distributions, as well as rapid scale up of these activities for large disasters in the future .
- The provision of livelihoods support (i.e. training and cash grants), as well as construction of shelters, through an owner-driven approach proved successful. Cash transfers, through the use of pre-paid debit cards, were adequate for expediency in distributing cash to those in need, as well as tracking beneficiaries' overall expenditure rates. The recovery operation included a wide use of cash-based approaches that could be considered for future recovery efforts.⁹
- Community engagement and accountability (CEA) activities were successful in guiding operational planning, and in bringing greater accountability to the service delivery. Policies and guidelines for joint implementation frameworks in coordination with communities, local district chapters and local governments should be further developed and integrated into future NSD programmes.⁸
- Earthquake response and recovery operations were effective in communities that had undergone disaster preparedness activities prior to the earthquake. This highlights the importance of developing community-level response capacity so that communities are better prepared for, are able to respond to disasters on time and can potentially save the lives of other community members.⁹
- Finally, having a Federation-wide integrated plan of action and tracking system that includes the host national society, the IFRC Secretariat and Participating National Societies has been overwhelmingly considered as a good practice by all Federation members that should be replicated in other similar contexts.^{8,9}

8. IFRC, 2020. Nepal earthquake operation – Meta evaluation of the Nepal earthquake operation

9. FRC, 2015. Nepal Earthquake Real-Time Evaluation Report.

10. IFRC, 2020. Nepal earthquake operation 2015 Movement-wide lessons learnt workshop report



Nepal Red Cross Society volunteer Nina Khadgi holds a child while waiting for her parents to come to motivate them to have their daughter vaccinated against measles. NRCS

LOOKING AHEAD

During the early stages of the operation, the Red Cross Red Crescent earthquake response focused primarily on addressing the urgent needs and vulnerabilities of those affected. The solutions and approaches devised in this operation are in great part the result of lessons from previous large-scale emergencies such as the 2010 Haiti earthquake and the 2013 typhoon Haiyan in the Philippines. Key lessons include the importance of integrated programming and continuous improvements in assessment processes that place community engagement at the heart of all recovery efforts.

- Capitalizing on NRCS' long experience in community-based programmes, integrated modalities using participatory approaches were adapted to the Nepal context to ensure the most sustainable solutions for affected communities. Shelter, WASH, livelihoods, health and DRR activities were implemented as an integrated package, and enabled an estimated 1.78 million affected people to rebuild their homes, to significantly reduce the spread of water-borne diseases through provision of safe water and sanitation facilities, increased income generation opportunities and to have improved access to healthcare services especially in remote areas.
- With the majority of Movement partners having phased out of the operation at the end of 2019, the focus for 2020 and beyond will be on a Red Cross law that enshrines NRCS' auxiliary role to the government in times of crises, implementation of the Consolidated National Society Development Plan, and reconstruction of remaining NRCS district chapter buildings, a school building in the Melamchi municipality, and setting up blood transfusion services in Brikuti Mandap in Kathmandu. Additionally, three permanent health posts are being constructed in Kathjandu, Bhaktapur and Lalitpur. Equally important, building a safer and more resilient Nepalese society has been identified as a strategic area of focus. Thus, mainstreaming disaster risk reduction in future programmes has also been identified as a priority.
- The NRCS will continue to engage with the people of Nepal. With its strong tradition of working closely with other Red Cross Red Crescent partners, it ensures that the Movement's collective strength and resources are maximized to meet its humanitarian mission to deliver relevant, effective, high quality and sustainable humanitarian services.

Programmatic overview

This is a summary of the Red Cross Red Crescent's collective performance data on the earthquake operation in Nepal. It reports cumulative data from the start of the operation to October 2019, unless otherwise indicated¹¹.

Relief phase indicators

Indicator ID	Indicators	Total reached
1	Number of families who received at least one type of emergency shelter material	130,334
2	Number of families who received at least one type of essential non-food item	90,544
3	Number of community members who received training /awareness on build back safer techniques	720
4	Number of carpenters or craftspeople trained in shelter construction	6,056
5	Number of families who received food assistance	496,724
6	Number of families who received unconditional cash grants to meet their immediate and/or seasonal needs	49,996
7	Number of families who received hygiene kits	98,640
8	Number of people reached through emergency water distributions	247,839
9	Number of patients served by health emergency response unit (ERU) facilities	56,250
10	Number of people who received psychosocial support	60,166



Director of the IFRC Asia-Pacific region at the time, Jagan Chapagain is seen interacting with NRCS volunteers in the Bhaktapur District following the earthquake. NRCS

11. The programmatic information in this report reflects contributions from Red Cross and Red Crescent National Societies and organizations working in Nepal as well as from the IFRC's secretariat which is conducting relief and recovery operations on behalf of 14 Red Cross and Red Crescent National Societies. The Red Cross and Red Crescent National Societies and organizations that have provided data for the programmatic performance section of this report are: American Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross (Flanders), British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Japanese Red Cross, Korean Red Cross, Luxembourg Red Cross, Netherlands Red Cross, Spanish Red Cross and the IFRC Secretariat.

Shelter

Indicator ID	Indicators	Planned	Total reached
11	Number of families that have received at least an initial tranche of cash grants as part of shelter support. Activities.	7,464 ¹²	7,260
12	Total amount of cash grants provided to target families for shelter solutions in Swiss Francs (CHF)	19,925,455	18,898,636
13	Number of community members orientated on building back safer	72,045	82,705
14	Number of semi-skilled people trained and certified in masonry and/or carpentry	5,257	5,683

Livelihoods

Indicator ID	Indicators	Planned	Total reached
15	Number of individuals trained in livelihood skills	23,531	24,721
16	Number of households receiving in-kind livelihood inputs	188	188
17	Number of households reached with cash grants (for livelihood activities)	33,325	33,498
18	Number of business enterprises created or strengthened through financial support	131	149
19	Number of individuals engaged in temporary employment (cash for work)	6,683 ¹³	6,517
20	Number of community-based projects that promote increased access to livelihood activities of families reached with cash grants (for livelihood options)	131	130
17	Number of households reached with cash grants (for livelihood activities)	33,325	33,498
18	Number of business enterprises created or strengthened through financial support	131	149
19	Number of individuals engaged in temporary employment (cash for work)	6,683 ¹³	6,517
20	Number of community-based projects that promote increased access to livelihood activities of families reached with cash grants (for livelihood options)	131	130

Water, sanitation and hygiene promotion

Indicator ID	Indicators	Planned	Total reached
21	Number of newly built or rehabilitated water access points	281	282
22	Number of people reached with access to newly built or rehabilitated water access points .	23,863	80,641
23	Number of people reached with hygiene promotion activities	176,327 ¹³	164,929
24	Number of newly constructed or rehabilitated sanitation facilities	10,110 ¹³	9,652
25	Number of households reached with access to newly constructed or rehabilitated sanitation facilities	51,370 ¹³	46,870

12. Reasons for target figure not being met include migration of head of households, death of the household owner and no nominees, not enough land for shelter construction, retrofitting old house, and death of house owner are some of the main reasons why the intended target was not met.
13. An additional 36 rainwater harvesting schemes were constructed, benefitting an estimated 9,536 people with a safe water source.

Healthcare

Indicator ID	Indicators	Planned	Total reached
26	Number of local health facilities supported (rehabilitated/ reconstructed/ and/or with basic equipment and/or supplies)	90	100
27	Number of NRCS staff and volunteers as well as community members trained in CBHFA or PHAST methodologies	657	1,074
28	Number of NRCS staff and volunteers as well as community members trained in first aid	771	2,340
29	Number of NRCS staff and volunteers trained in epidemic control for volunteers' module (ECV)	158	143
30	Number of NRCS staff and volunteers as well as community members trained in psychosocial support (PSS)	273	590
31	Number of CBHFA sessions conducted by volunteers in the community	1,382	1,403
32	Number of community members reached with CBHFA interventions	72,649	95,656
33	Number of long-lasting insecticide-treated nets (LLINs) distribution to pregnant and lactating mothers	659	3,341

Strengthening the Nepal Red Cross Society (NRCS)

Indicator ID	Indicators	Planned	Total reached
34	Number of district chapters supported to rebuild or renovate district chapters and/or sub-chapter buildings	35	31
35	Number of NRCS facilities newly built or rehabilitated	23	19
36	Number of NRCS chapters provided with locally relevant response and preparedness equipment and/or stocks	10	10

Disaster preparedness

Indicator ID	Indicators	Planned	Total reached
37	Total number of people covered by pre-positioned stocks	30,000	70,566
38	Number of NRCS staff and volunteers that received National Disaster Response Team (NDRT) training	176	176
39	Number of NRCS staff and volunteers trained in community-based disaster risk reduction (CBDRR)	71	71
40	Number of community members that received basic CBDRR training	1,325	1,325

Cross-cutting programmatic indicators

Indicator ID	Indicators	Planned	Total reached
41	Total number of calls received through the NRCS telephone hotline to collect beneficiary feedback	2,879	70,566
42	Number of internal and external review and evaluations completed within the period of earthquake relief and recovery operations	28	176

Financial overview

As of 30 June, 2019¹⁴, the International Federation of Red Cross and Red Crescent Societies (IFRC) has received a total of CHF 209.41 million in support of its response operation to the Earthquake disasters in Nepal. A total of CHF 156.89 million, or 75 per cent of the total income has been spent on the operation¹⁵.

Figure 1: Total Funds contributed by original sources in millions of Swiss Francs (CHF)

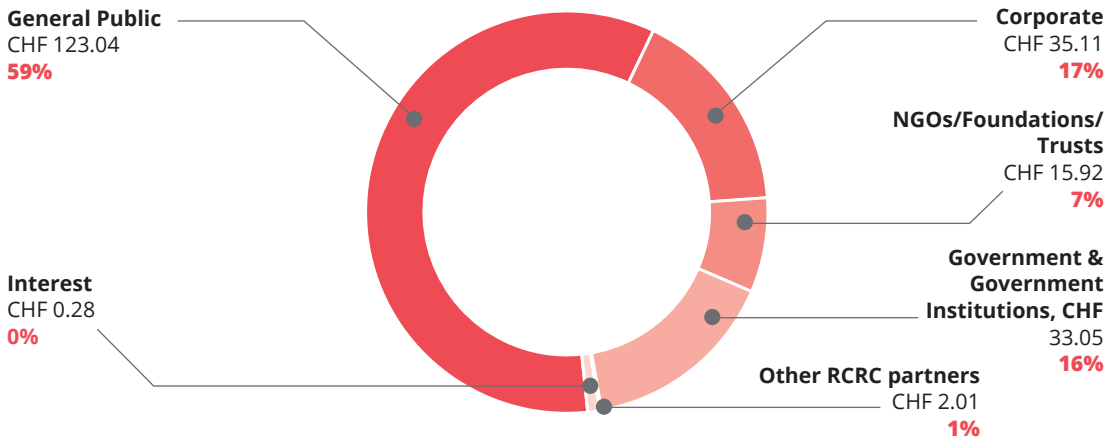
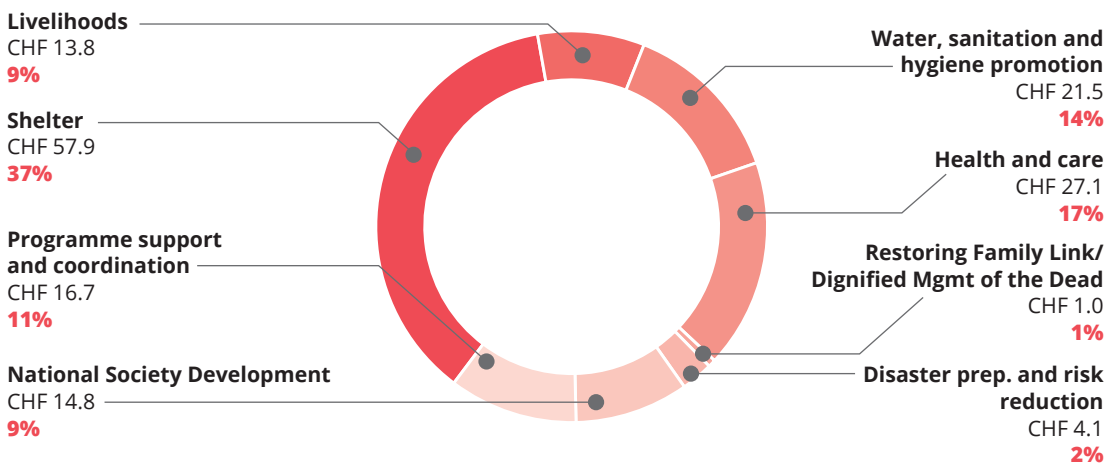


Figure 2 reflects the CHF 156.9 million total expenditure by programme area through to 30 June 2019. The largest amount spent by the Federation members partners are in the areas of Shelter with CHF 57.9 million (36.9 per cent), Health and Care CHF 27.1 million (17.3 per cent), Water sanitation and hygiene promotion CHF 21.5 million (13.7 per cent), Programme support and coordination CHF 16.7 million (10.6 per cent), National Society Development with CHF 14.6 million (9.4 per cent) and followed by Livelihoods CHF 13.8 million (8.8 per cent).

Figure 2: Total Expenses by Category- in millions of Swiss Francs (CHF)

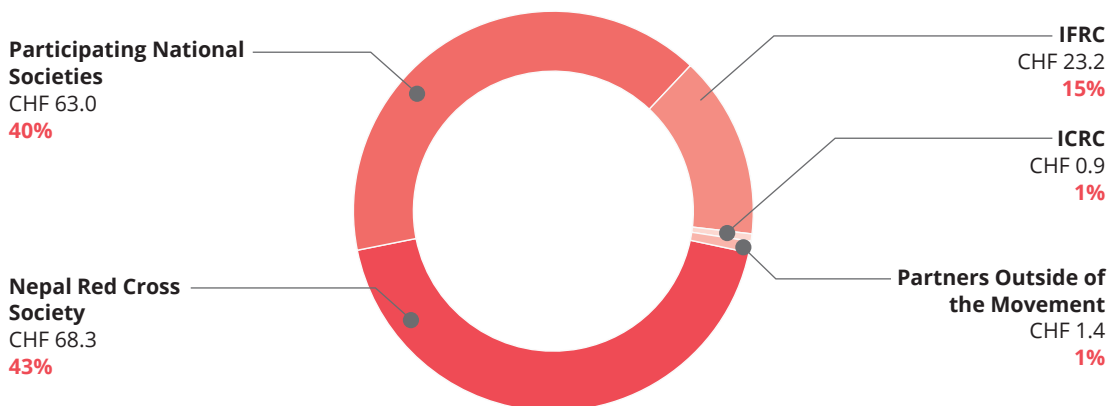


14. Financial reporting was received in local currencies and converted to CHF, which is the official reporting currency of the International Federation Secretariat. The foreign exchange rates used were derived in the following way: the exchange rate to translate the expenditure is the average rate from 24 April 2015 through 30 Jun 2019; and the average rate of Income and Expenditure as of 30 Jun 2019 is used for projected expenditure. The summary table of rates used is included in the financial reporting methodology notes, annexed to this report.

15. The financial data presented has been collected among all Partners in the last quarter of 2019 at a time when some recovery projects had not been completed. As of April 2020, most of these recovery projects have now been completed and long-term priority areas have been identified, including Disaster Risk Reduction and National Society Development (NSD) activities.

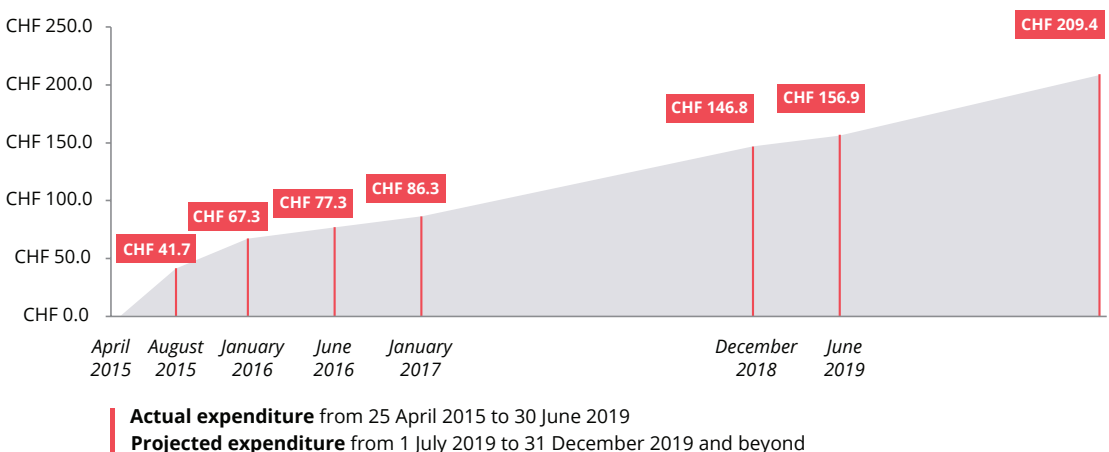
Figure 3 reflects the expenditure split among the IFRC Secretariat, Nepal Red Cross Society¹⁶ (NRCS), Partner National Societies¹⁶ and partners outside of the Movement. Approximately 43.53 per cent of the expenditure was carried out by NRCS, 40.2 per cent by Partner National Societies, and 23.2 per cent by the IFRC Secretariat. The partners outside the movement consist of UN agencies, international NGOs and other local clubs and organisations.

Figure 3: Total Funds contributed by original sources in millions of Swiss Francs (CHF)



Federation members reported that long-term programmes would continue beyond 2019. The combined expenditures and projections are shown in **Figure 4**.

Figure 4: RCRC Movement expenditure and forecast combined (2015 to 2019 and beyond) in millions of Swiss Francs (CHF).



16. The Partner National Societies include: American Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross (Flanders), British Red Cross, Bulgarian Red Cross, The Canadian Red Cross Society, Hong Kong branch of the Red Cross Society of China, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Iranian Red Crescent Society, Irish Red Cross, Japanese Red Cross Society, Luxembourg Red Cross, Red Cross of Monaco, The Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross, The Republic of Korea National Red Cross, Singapore Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, and Taiwan Red Cross Organization.



Nepal Red Cross volunteer Binod Shrestha during the relief phase of the earthquake response operation. Finnish Red Cross / Emil Helotie

ANNEX 1: NOTES AND METHODS REGARDING THE PROGRAMMATIC PROGRESS INDICATORS

The following is a summary of the methods used for the programmatic progress indicators

Relief phase indicators

1. Total number of families provided with at least one type of emergency shelter material

This refers to all families that have received at least one type of emergency shelter material (tarpaulins, tent and shelter tools kits). If a family receives several of one or different types of emergency shelter materials, it is still only counted once.

2. Total number of families reached with at least one type of essential non-food item

A family is counted as reached when it has received at least one of the following four non-food item categories:

- a) Kitchen set
- b) Sleeping mat
- c) Blanket etc.
- d) Two mosquito nets

3. Number of community members who received orientation on building back safer techniques

Refers to community members who participated in basic awareness sessions on safer shelter construction during the relief phase of the earthquake response operation.

4. Number of carpenters or craftspeople trained in shelter construction

Refers to the number of carpenters or craftspeople that received training in safer shelter construction during the relief phase of the earthquake response operation.

5. Total number of families provided with food assistance

A family is counted as provided with food assistance when a member of the family has received food assistance at least once (at least 2-3-day food ration). Food assistance is supplementary food (ready-to-eat food, hot meals or dry rations) for an emergency situation, normally distributed only once to a family.

6. Number of families provided with unconditional cash grant as seasonal relief

Families that have received at l onse operation. This does not include cash assistance for livelihood support as this would be reported in a different section.

7. Number of households who received hygiene kits

A household is counted as provided with when it has received at least one hygiene kit.

8. Number of people reached through emergency water distributions

This refers to the number of people who received water from the Red Cross Red Crescent through water trucking or other emergency water set up.

9. Number of patients served by emergency health facilities supported by the Red Cross Red Crescent

Number of patients who have received medical or healthcare assistance either in stationary or mobile healthcare facilities supported or managed by Red Cross Red Crescent Movement members, including health emergency response units (ERUs) and mobile clinics.

10. Number of people reached with psychosocial support

People including children, adolescents, adults, humanitarian workers, etc. reached with psychosocial support either through group or individual sessions.

Shelter

11. Number of families that received cash grants as shelter solution

For the recovery phase, it is the total number of families provided shelter cash grant to enable them to reconstruct their damaged houses.

12. Total amount of cash grants provided to the targeted families for shelter solution

This is the total amount in Swiss francs that has been transferred to families to enable them to reconstruct their damaged houses.

13. Total number of community members that have received training/awareness on build back safer techniques.

Training on building back safer; the technique used/followed will be from the Nepal Red Cross Society (NRCS) /Shelter Cluster /Government. This includes people reached with Participatory Approach for Safe Shelter Awareness (PASSA)/build back safer orientation/training.

14. Number of semi-skilled people trained and certified in masonry and /or carpentry

This refers to those trained in shelter construction by the Red Cross Red Crescent and certified by the relevant local authority.

Livelihoods

15. Number of individuals trained in livelihood skills

This includes vocational training such as carpentry, and construction skills. Trained individuals may also be provided with relevant tools and equipment necessary for starting up a livelihood activity. In general, one member per family will be selected for participation.

16. Number of households provided with in-kind livelihood inputs

This refers to those families who were provided in-kind livelihood inputs for improving their livelihood activities such as tools and other equipment.

17. Number of families provided with cash grants livelihood support

This is the number of families that receive conditional grant upon selection of their proposal for projects which support livelihood through replacement or enhancement (quick growing seeds, replacement tools, fertilizer) of previous livelihoods assets or inputs to diversify income sources (e.g. small-scale agriculture, animal husbandry, tailoring or other income generation activities).

18. Number of business enterprises created or strengthened through financial support

This is the number of families that receive conditional grant upon selection for their proposal for projects which support their livelihood through replacement or enhancement of previous livelihood assets or inputs to diversify income source (e.g. small-scale agriculture, animal husbandry, tailoring or other income generation activities).

19. Number of individuals engaged in temporary employment (cash for work)

This is the number of individuals (one person per family) selected through well-being ranking deployed for a temporary job for a maximum of 20 days in the earthquake response operation implemented districts.

20. Number of community-based projects that promote increased access to livelihood activities of families reached with cash grants

This is the number of community-based projects such as irrigational canal, foot trails and chautara (an open space under a tree, used as a venue for a community meetings or resting place) which is usually completed through cash for work initiatives.

Water, Sanitation and Hygiene (WASH)

21. Number of newly built or rehabilitated water access points

This includes water sources that have been rehabilitated, newly constructed/or rehabilitated water systems as well as water points.

22. Number of people provided with access to safe water through the construction or rehabilitation of water points

For the relief phase, this refers to the number of people who received water from the Red Cross Red Crescent through water distributions /water trucking or other emergency water set up. For the recovery phase, this includes the number of people who have been provided with access to water through rehabilitation or construction of water systems.

23. Number of people reached through hygiene promotion activities.

Number of people reached with hygiene promotion activities held for community members, schools, and early childhood centres through this earthquake operation. Hygiene promotion activities is information and demonstration about hand washing, open defecation, through distribution of IEC material and/or jingles. The same person is only counted once during the reporting period, regardless of how many times that person was targeted with hygiene promotion. Being a challenge to count the people reached especially in mass campaigns, it is advised to do an estimation based on the population figures.

24. Number of newly built or rehabilitated sanitation facilities

This includes newly constructed/or rehabilitated sanitation facilities at household and at community level.

25. Number of families provided with access to adequate sanitation facilities

During the relief phase, refers to the number of families provided with access to an improved sanitation facility (emergency latrines with access to hand-washing area and garbage pit/bin), either used by a single family or shared between a group of families in a single plot, compound or building. During the recovery phase, this will refer to water and sanitation improvements linked to core shelter and resettlement/relocation interventions.

Health

26. Number of health facilities rehabilitated/constructed and/or equipped for basic health services

This refer to the Government health posts and hospitals being rehabilitated or reconstructed and re-equipped with basic standard Department of Health (DoH) medical supplies and equipment for health facilities, and are operational.

27. Number of NRCS staff and volunteers as well as community members trained in Community-based health and first aid (CBHFA) or Participatory Hygiene and Sanitation Transformation (PHAST) methodologies

This includes the number of people trained on community-based health and first aid CBHFA and participatory hygiene and sanitation transformation PHAST basic trainings modules.

28. Number of NRCS staff or volunteers trained to provide first aid

This includes the number of Nepal Red Cross Society staff, volunteers and community members trained in basic first aid.

29. Number of NRCS staff or volunteers trained in Epidemic Control for Volunteers (ECV)

This includes the number of NRCS staff and volunteers trained in the IFRC Epidemic Control for Volunteers (ECV) module.

30. Number of NRCS staff or volunteers and community members trained in psychosocial support (PSS)

This includes the number of Nepal Red Cross Society staff, volunteer and community members trained in psychosocial support (PSS).

31. Number of CBHFA sessions conducted by volunteers in the community

This includes the number of CBHFA sessions conducted by NRCS trained staff and volunteers in targeted communities.

32. Number of community members reached through CBHFA activities

Total number of communities where the community-based health and first aid (CBHFA) programme has been implemented. People reached through awareness activities, primary hygiene and health & nutrition promotion, ORPs, nutrition messages and screening, CBDS, reproductive health in different districts through distribution of IEC material, house hold visits, orientation in schools and community groups.

33. Number of pregnant and lactating mothers reached with long-lasting insecticide-treated nets (LLINs)

This includes the number of long-lasting insecticide-treated nets (LLIN) distributed in the earthquake affected district by the Nepal Red Cross Society.

Strengthening the Nepal Red Cross Society (NRCS)

34. Number of NRCS district chapters supported through rehabilitation/construction of building, provision of equipment or both

Number of NRCS offices and facilities built, rebuilt or rehabilitated. This may also include the supply of software and hardware acquired to support programme implementation.

35. Number of NRCS facilities newly built or rehabilitated

This included number of fixed facilities repaired includes the sum of following

- Construction of community building completed +
- Construction of central/regional/ sub-regional warehouse completed+
- Construction of emergency operation centre (EOC) at HQs+
- Central/district blood transfusion building construction/retrofitting completed

36. Number of NRCS chapters provided with locally relevant response and preparedness equipment and/or stocks

This includes the number of NRCS district chapters provided with response materials such as NFRI for prepositioning in programme community.

Disaster preparedness and risk reduction

37. Total number of people covered by prepositioned stock

This is the number of people that could be served with non-food relief stocks, in the aftermath of a disaster in Nepal.

38. Number of NRCS staff and volunteers that received training in disaster response

This is the number of NRCS staff and volunteers that received training to become part of national disaster response teams (NDRT) or regional disaster response teams (RDRT).

39. Number of NRCS staff and volunteers trained in community-based disaster risk reduction (CBDRR)

This refers to the number of NRCS staff and volunteers trained to facilitate CBDRR activities including vulnerability and capacity assessment (VCA) in a community.

40. Number of community members that received basic DRR training

This is the number of community members that took part in community-based DRR activities including VCA sessions in their communities.

Cross-cutting

41. Number of calls received through NRCS telephone hotline to collect beneficiary feedback

This includes the number of calls received through NRCS hotline-1130 during the recovery period from the earthquake response operation implementing districts as part of the community feedback mechanism.

42. Number of projects, programmes and operations review/evaluations completed within earthquake operation.

Evaluation refers to systematic assessment of an ongoing or completed project or programme, its design, implementation and results based on IFRC's evaluation criteria.

ANNEX 2: NOTES AND METHODOLOGY REGARDING PRESENTATION OF COMBINED FINANCIAL DATA

1. The combined income and expenditure data in this report was generated based on unaudited financial data collected from the IFRC, the ICRC, the Nepal Red Cross Society and the 26 National Red Cross and Red Crescent Societies referenced in the report. The method developed to obtain financial data considered the flows of income and expenditure and eliminated multiple counting (within the Red Cross Red Crescent network) of income and expenditure.
2. This report is a combined cumulative portrait of Movement financial information. All of the reports received and used to generate this collective portrait reflect data until 30 Jun 2019.
3. Included in the reporting of income are in-kind goods and services (non-cash contributions). Due to variations in accounting treatments of in-kind goods and services by Movement partners, the value of income and expenditure related to in-kind goods and services (non-cash contributions) may not be fully represented in this consolidation. As a result, the report possibly under-reports the income and expense values for these in-kind goods and services. However, these values are estimated to be small and immaterial to the overall report.
4. The exchange rates used to combine the financial data during this round of reporting are shown in the table.

Currency	Income	Expenditure	Projection
AUD	0.71276	0.72605	0.71940
BGN	0.55668	0.55494	0.55581
BRL	0.28077	0.28288	0.28183
CAD	0.75348	0.74588	0.74968
CHF	1.00000	1.00000	1.00000
DKK	0.14579	0.14511	0.14545
EUR	1.06752	1.08112	1.07432
GBP	1.46951	1.38973	1.42962
HKD	0.12940	0.12618	0.12779
JPY	0.00815	0.00862	0.00838
KRW	0.00084	0.00085	0.00084
KWD	3.10683	3.24013	3.17348
MKD	0.01704	0.01768	0.01736
MMK	0.00085	0.00081	0.00083
NOK	0.11762	0.11783	0.11772
NPR	0.00922	0.00935	0.00929
NZD	0.67582	0.67549	0.67566
PLN	0.24522	0.25189	0.24856
PHP	0.02104	0.02086	0.02095
SEK	0.11259	0.11482	0.11371
SGD	0.72377	0.70759	0.71568
TWD	0.03061	0.03058	0.03059
USD	0.95332	0.97886	0.96609
ZAR	0.07513	0.07005	0.07259

5. Some Movement partners report operating on a cash accounting basis, while others work on an accrual basis. Cash basis means that the reported financial income and expenditure include only income received and expenditure paid at 30 Jun 2019. Accrual basis means that the reported financial income and expenditure include all income received and receivable and expenditure paid or payable as at 30 Jun 2019.
6. Treatment of interest income: Each Movement partner's treatment of interest earned on donations is governed by its own financial policies. In the cases where interest is not allocated back to the operation, interest is allocated to future international and emergency operations or to general headquarters operations.
7. Financial reporting was received in local currencies and converted to CHF, which is the official reporting currency of the International Federation Secretariat. The foreign exchange rates used were derived in the following way: the exchange rate to translate the expenditure is the average rate from 25 April 2015 through 30 Jun 2019; the average rate of Income and Expenditure as of 30 Jun 2019 is used for projected expenditures.
8. The categories and definitions used for the classification of expenditure are the following:

Shelter:

- The costs associated with the deployment of sector-specific members of Field Assessment and Coordination Teams (FACT)
- Costs associated with sector-specific Emergency Response Units (ERUs), such as staff, travel, transport, supplies, cash etc.
- Costs of supply distribution during the emergency phase
- Shelter supplies for immediate or temporary use, tools and kits, tarpaulins, tents, sheeting, rope, etc.
- Training and support to improve emergency shelter solutions
- Temporary shelters
- Staff costs associated with these projects, if not included in the "programme support and coordination" category.

Food and livelihoods:

- The costs associated with the deployment of sector-specific FACT members
- Costs associated with all aspects of sector-specific ERUs
- Costs of supply distribution of food, including hot meals
- Asset replacement programmes if not already included in the other categories
- Cash disbursement for cash-for-work and/or conditional cash grants
- Costs related to tracing and reuniting affected people with their families
- Staff costs associated with these projects, if not included in the "programme support and coordination" category

Water, sanitation and hygiene promotion:

- Costs associated with the deployment of sector-specific FACT members
- Costs associated with all aspects of sector-specific ERUs
- Water trucking and other temporary water supply activities
- Construction of sanitation facilities (latrines) in evacuation centres or transitional centres
- Hygiene promotion, if not included in health activities
- Environmental sanitation interventions: vector control, solid waste management, drainage, training
- Operations support and assessment (staffing, transport, etc.) in relation to these defined activities or time period, if not included in the “programme support and coordination” category below

Health and care:

- Costs associated with the deployment of sector-specific FACT members
- Costs associated with all aspects of sector-specific ERUs
- Costs of supply and distribution for hygiene kits and mosquito nets during the emergency phase
- First aid and emergency clinical services
- Psychosocial and disaster mental health
- Disease control; diarrhoea; vaccination programmes
- Staff costs associated with these projects, if not included in the “programme support and coordination” category

Restoring family links/Dignified management of the dead:

- All activities to support affected people in re-establishing communication and maintaining contact with loved ones
- Protection and relief activities to register vulnerable individuals and their caretakers
- All activities to ensure dignified handling and management of the dead
- All professional forensics assistance to recover and identify remains and return to their families
- Travel costs to body collection locations
- Cremation costs

Disaster preparedness and risk reduction:

- All mitigation activities in any sector related to disaster preparedness: building drainage ditches, community mobilization and awareness raising
- Evacuation centres, if not included in “shelter” or “community and social infrastructure”
- Tracing services and capacity building of tracing staff if not included in other categories
- Pre-positioning of stock
- Beneficiary communications
- Staff costs associated with these projects, if not included in the “programme support and coordination” category

Capacity-enhancement in support of Nepal Red Cross Society (NRCS):

- Costs related directly to supporting the NRCS operation response
- Volunteer support, if not reflected in other categories
- Short-term support to NRCS for salary, equipment, supplies, transportation, rent, etc.
- Rehabilitation of NRCS chapter offices and facilities
- Staff costs associated with these projects, if not included in the “programme support and coordination” category.

Programme support and coordination:

- Operations support and assessment (staffing, transport, etc.) if not included in the other categories above
- Headquarters and field management and staff costs such as local or international staff costs
- Coordination and direction, planning, reporting staff and associated costs such as workshops and training
- Monitoring and evaluation (surveys, assessments, etc.) and other quality and accountability activities
- Communications and advocacy staff, publications, etc.
- Human resources such as recruitment and support
- Logistics function
- Accounting, audit, and other financial services including foreign exchange loss and gain
- Cross-cutting themes such as gender, environment, sustainability, beneficiary participation, risk reduction
- Fundraising costs and donations processing
- Head office costs (service fees and similar) and other indirect support

ANNEX 3: RED CROSS AND RED CRESCENT NATIONAL SOCIETIES AND ORGANIZATIONS INVOLVED IN THE NEPAL RELIEF AND RECOVERY EFFORTS

The information portrayed in this report is reflective of contributions from the following Red Cross and Red Crescent National Societies and organizations.

American Red Cross	Malaysian Red Crescent Society
Australian Red Cross	Nepal Red Cross Society
Austrian Red Cross	Netherlands Red Cross
Belgian Red Cross	New Zealand Red Cross
British Red Cross	Norwegian Red Cross
Bulgarian Red Cross	Philippine Red Cross
Canadian Red Cross	Qatar Red Crescent Society
Danish Red Cross	Red Cross of Monaco
Finnish Red Cross	Red Cross Society of China
French Red Cross	Republic of Korea National Red Cross
German Red Cross	Singapore Red Cross
Hong Kong Red Cross	Spanish Red Cross
Iranian Red Crescent Society	Swedish Red Cross
Irish Red Cross	Swiss Red Cross
Italian Red Cross	Taiwan Red Cross Organization
Japanese Red Cross Society	Thai Red Cross Society
Liechtenstein Red Cross	Turkish Red Crescent Society
Luxemburg Red Cross	

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