

PROJECT DOCUMENT

General Information

Version: 02 January 2024

Fund	Multi Partner Trust Fund funded by FCDO			
Project title	Joint Recovery Action Plan (JRAP) Western Nepal Earthquake			
Contacts <i>[one contact per PUNO; add rows if required]</i>	Contact Type	Name	e-mail	Position
	Focal point	Ms. Alice Akunga [UNICEF]	aakunga@unicef.org	Country Representative
	Focal point	Mr. Robert KASCA [WFP]	robert.kasca@wfp.org	Representative and Country Director
	Focal point	Ms. FORS Helene [IOM]	hfors@iom.int	Chief of Mission
		Ms. Won Young Hong [UNFPA]	whong@unfpa.org	Resident Representative
Description <i>[Short executive Summary of project. The executive summary contains a summary of all sections with emphasis on: (1) The rationale and relevance of the project; (2) The expected results and their contribution to the CF outcome(s), country priorities, and related SDG targets; (3) Intended beneficiaries with emphasis on vulnerable groups]</i>	The Joint Recovery Action Plan (JRAP) Western Nepal Earthquake Joint Program, is aligned with the JRAP prepared for the Western Nepal earthquake, which took place on 3rd November focusing on recovery interventions. The JRAP is based on a common problem analysis and shared objectives, where the priorities and activities are joined up. The interventions are aligned with Outcome 3 in the Nepal UNSDCF 2023-2027, which states that by 2027, more people, especially women, youth and the most marginalized and poor, increasingly benefit from and contribute to building an inclusive, sustainable, climate-resilient and green society and reduced impacts of disasters at federal, provincial and local levels. Based on the theory of change as outlined for outcome 3 in the Nepal UNSDCF 2023-2027, the UN will focus on two interconnected areas in order to contribute to the achievement of Outcome 3: Promote a healthy, safe, inclusive, clean and green productive environment along with climate change mitigation; and strengthen climate change adaptation and resilience through the reduction of vulnerabilities, disaster risk reduction, preparedness and effective response and recovery. The theory of change states that if Nepal can advance a disaster-resilient society that sustainably uses and manages clean, green, natural resources, in accordance with internationally agreed frameworks such as the UNFCCC and action plans; and if, legal and regulatory frameworks and safeguards are in place at the federal, provincial and local levels to enable the implementation of relevant, risk-informed development plans, policies, programmes, investments and infrastructure; and if, communities, organizations, and society at large, collaborate effectively in understanding their respective roles, change behaviours and participate in the restoration, management and conservation of natural resources; and if, Nepal can strengthen the capacities and resilience of critical actors and systems to address the needs of populations impacted by natural disasters and climate change			

	through a gender-response and inclusion lens; then, the sustainable management of natural resources and increased capacity to adapt to climate change, make progress towards Nepal's commitment to net-zero greenhouse gas emissions and disaster risks will result. Experience from past emergencies in Nepal shows that working partnerships among responding agencies had a positive impact on their ability to work collaboratively in any emergency context. Furthermore, bringing various activities of humanitarian recovery together, under the leadership and coordination of the Resident Coordinator reinforces and strengthens crisis coordination structures and working modalities. The outcomes, outputs and activities outline in this proposal are based on the JRAP and have been developed by the respective clusters and UN organisations focusing on key areas that will bring about recovery after the earthquake. Of the three objectives in the JRAP, the proposal focuses on two: support livelihoods and the continuation of basic service delivery and; create enabling environments for long term recovery and reconstruction of affected communities. The specific areas of interventions are: Food Security and Nutrition (WFP), protection (UNICEF and UNFPA), WASH (UNICEF), Nutrition (UNICEF), Shelter (IOM). and based on the JRAP document which are mentioned separately for each organization separately with separate description including result framework. Complementing the interventions, there is a component for coordination among UN organizations, Accountability to Affected Population (AAP) and Protection Against Sexual Exploitation and Abuse (PSEA) which will be managed by UNRCO.			
Universal Markers	Gender Equality Marker <i>[Retain only the applicable]</i>		Risk <i>[underline]</i>	
	GEM 2		Low / Medium / High	
Fund Specific Markers				
Geographical Scope	Nepal			
Participating Organizations <i>[List all PUNO and indicate the lead agency]</i>	Participating Organizations			
	- UNICEF - UNFPA - WFP - IOM			

Programme and Project Cost Add additional rows as required for each individual PUNO and/or other sources of fund	Participating Organization	
	Budget Requested (cumulative)	
	UNICEF	\$ 3,670,365
	UNFPA	\$ 699,177
	WFP	\$ 8,738,965
	IOM	\$ 2,496,847
	Total Budget Requested (cumulative) \$ 15,605,296	
	Other Sources (Parallel Funding)	
		0
	Total (cumulative) \$ 15,605,296	
Thematic Keywords [indicate key words that can be used to identify the project proposal in a word search]	Earthquake; Recovery, Joint Recovery Action Plan, Cluster Response, Western Nepal,	
Programme Duration	Anticipated Start Date	1 st May 2024
	Duration (In months)	9
	Anticipated End Date	31 st Jan 2025

Narratives

Title	Text
Situation Analysis [max xxx characters with spaces] This section provides a brief, evidence-based summary of the development challenges to be addressed. It outlines the economic, social, political, environmental, and institutional context for the project. It includes a gender analysis that, along with the other considerations (theory of change, results framework), is consistent with the selected Gender Equality Marker code. It identifies the development or human rights challenges to be addressed; provides specific, current and disaggregated data on these challenges, major underlying and root causes, and the key capacity gaps. According to guidance for the CCA, the situation summary: » Identifies the immediate, underlying and root causes of inequalities and vulnerability; including the different ways that women and girls and men and boys experience the identified problems, and respond to gaps in fundamental rights, including discrimination, and power-imbalances. » Offers evidence to justify the project based upon high quality, disaggregated data, with emphasis is on critical SDG-related data gaps and gender-sensitive and sex disaggregated statistics. » Examines, as appropriate to the project, normative and institutional gaps related to economic transformation, social exclusion of identified vulnerable groups, environmental sustainability and climate change adaptation and mitigation, governance and rule of law, and humanitarian-development-peace collaboration.	In the evening of 3 November 2023, Nepal’s deadliest earthquake since April 2015 struck Jajarkot District in Karnali Province in the west of the country. The 6.4 magnitude earthquake, which was followed by over 300 aftershocks, killed 154 (84 females and 70 males, including 81 children)¹, injured 366, and displaced tens of thousands of people, forcing many to sleep outside in freezing overnight temperatures for fear of aftershocks. According to the National Emergency Operation Centre (NEOC), approximately 62,011 households were damaged (completely and partially) and 250,000 people were affected (127,750 females and 122,250 males, including 69,575 children)², with Jajarkot and Rukum West districts bearing the brunt of the damage. Despite the earthquake’s relatively low magnitude, the high levels of damage and casualties were caused by substandard construction of homes and as it occurred at night when most people were asleep in their homes. The estimated loss from agriculture, livestock and poultry is around NPR 42.9 million and 480 Metric Ton (MT) of wheat and mustard lost at the field. The initial estimate for reconstruction needs prepared by NDRRMA is NPR: 69 billion³. As outlined in the Joint Recovery Action Plan (JRAP) Western Nepal Earthquake with major three strategic objective as: 1) Support livelihoods and the continuation of basic service delivery, 2) Create enabling environments for long term recovery and reconstruction of affected communities. 3) Support for the current winter season and build resilience to natural shocks in 2024. This project will focus on addressing the first two objective through recovery interventions aiming to improve the livelihood, food security, nutrition, water sanitation and hygiene (WASH) condition of the affected population with major focus on early recovery actions linking with entrepreneurship development, support for reconstruction of damaged houses (shelter) so that the targeted population can bounce back their affected livelihood. Investment through this project will help to strengthen the resilience of affected communities who are more susceptible to future natural hazards. This project will target the most vulnerable and highly affected population from earthquake with major focus on: child headed household, single women, people with disabilities (PWDs), ethnic minorities, Dalits, marginalized families etc. where accountability to affected people (AAP), gender equity and disability inclusion (GEDSI), the

¹ National Emergency Operations Centre (NEOC), Ministry of Home Affairs (MoHA) -23 November 2023

² Estimated based on national census 2021.

³ Jajarkot EQ Analysis Report: Rescue, Relief and Early Recovery, DpNet, February 2024

	prevention of sexual exploitation and abuse (PSEA), including mental health will be highly prioritized for recovery interventions.
Rationale and theory of change [max xxx characters with spaces] This section offers a brief rationale and theory of change for the project. It explains the major changes expected from the project and how people, and especially vulnerable groups, will benefit. It makes reference to the integrated results framework, work plan and budget (Annex A). It includes: » A brief theory of change that is obtained from the CF. This defines the change pathway required to achieve the expected results, including major assumptions, risks and risk mitigation measures; » Description of the expected Project results; normally, this is one or more CF outputs, sub-outputs (derived from the related CF Joint Work Plan), contributing logically to a CF outcome, country priorities, and related SDG targets; » Specific programme strategies and how they will address the major underlying and root causes of the problems to be addressed, including the key capacity gaps of institutions (duty-bearers) and people (rights-holders); » A brief description of the division of labour between PUNOs and partners, the comparative advantages and added value of each to achieve the expected results; » Reference to any critical cross-cutting concerns, related to the guiding principles; and » Analysis of how the PROJECT strategy and results will complement the efforts of other development partners and programmes working on the same problems. There are two sub-sections: (1) Lessons: A summary of major lessons from past programme experience, including how recommendations and observations from human rights mechanisms and other relevant supervisory mechanisms have been considered and used in the design of the project.	Based on the theory of change as outlined for outcome 3 in the Nepal UNSDCF 2023-2027, the UN will focus on two interconnected areas in order to contribute to the achievement of Outcome 3: Promote a healthy, safe, inclusive, clean and green productive environment along with climate change mitigation; and strengthen climate change adaptation and resilience through the reduction of vulnerabilities, disaster risk reduction, preparedness and effective response and recovery. Based on the theory of change as outlined for outcome 3 in the Nepal UNSDCF 2023-2027, the UN will focus on two interconnected areas in order to contribute to the achievement of Outcome 3: Promote a healthy, safe, inclusive, clean and green productive environment along with climate change mitigation; and strengthen climate change adaptation and resilience through the reduction of vulnerabilities, disaster risk reduction, preparedness and effective response and recovery. The theory of change states that if Nepal can advance a disaster-resilient society that sustainably uses and manages clean, green, natural resources, in accordance with internationally agreed frameworks such as the UNFCCC and action plans; and if, legal and regulatory frameworks and safeguards are in place at the federal, provincial and local levels to enable the implementation of relevant, risk-informed development plans, policies, programmes, investments and infrastructure; and if, communities, organizations, and society at large, collaborate effectively in understanding their respective roles, change behaviours and participate in the restoration, management and conservation of natural resources; and if, Nepal can strengthen the capacities and resilience of critical actors and systems to address the needs of populations impacted by natural disasters and climate change through a gender-response and inclusion lens; then, the sustainable management of natural resources and increased capacity to adapt to climate change, make progress towards Nepal's commitment to net-zero greenhouse gas emissions and disaster risks will result. The joint programme will be implemented by four PUNOs, who have been identified based on their leadership of the specific areas of response in the Joint Recovery Action Plan. The amounts have been distributed according to the needs identified in the JRAP as well as the feasibility of implementing within the given timeframe. The work undertaken under the Joint Programme will be shared and coordinated with the Government, humanitarian and development actors also working on the earthquake response.
I. Protection (UNICEF and UNFPA)	

(2) Sustainability plan and exit strategy: A brief description about how expected project results will be sustained beyond the timeline of the project and CF with a focus on: (1) Community sustainability, (2) Financial sustainability, and (3) institutional sustainability. It describes expected roles and responsibilities of government, donors, and IPs. As part of the plan, the project Steering Committee and project team remain operational for a minimum of three months after operational closure of the project to offer advice, and support transition efforts and capacity development. The project team will consider the use of UN Volunteers to carry-out sustainability and transition arrangements.

During the response phase protection cluster was able to reach 1,913 children (968 girls, 945 boys) through 23 child-friendly spaces (CFS) in Jajarkot and Rukum West. These spaces provide psychological first aid (PFA), group mediation, and recreational opportunities in a safe, inclusive, and stimulating environment. The vulnerability assessment in Jajarkot and Rukum West districts indicates that 53 per cent of the children and adolescents are exposed to different risks.

A total of 9,277 affected people, including women, men, children, and people with disabilities, received psychosocial first aid through the deployment of 23 psychosocial counsellors and community-based psychosocial workers. Additionally, 772 individuals received one-on-one psychosocial counselling. Furthermore, 15,064 women and girls were reached through dignity kits and kishori kits, while 348 solar lamps, 7,701 winterization kits, and 546 tarpaulins were distributed among the most vulnerable women and adolescent girls in affected districts. 44 unaccompanied and separated children were also identified with necessary services being provided to address their specific needs.

The need for the recovery phase is 1) additional child friendly spaces (CFS) to accommodate more children affected by the earthquake in Jajarkot and Rukum West. 2) identification of vulnerable children and provide appropriate emergency services 3) Continuation of awareness interventions using appropriate platforms (radio, print media etc.) to increase knowledge on protection issues, information on availability of protection services. 4) continuation of deployment of counselors and community based psychosocial workers to address psychosocial needs of affected people. 6) strengthen existing safe houses for GBV survivors in Jajarkot and Rukum West, OCMC's, WFS, child birthing center to address the need for pregnant mothers, need for procurement of IARH kits for women and girls of reproductive age, need for immediate deployment of additional counsellors to offer PSS/PFA to address sustained trauma, and the need for strengthening existing referral pathway with the ongoing services on the ground. This also includes provision of health services from structurally sound health facilities, capacity building of human resources, and the prepositioning of logistics and essential reproductive health commodities.

Gap: The aftermath of the earthquake also exacerbated the vulnerabilities of already at-risk individuals, exposing them to various protection and risks. Disruption of family routines and social cohesion has increased the likelihood of protection issues, such as GBV, harmful practices, psychosocial distress, particularly among the most vulnerable groups. Additionally, community members are grappling with heightened levels of fear and anxiety, primarily linked to the uncertainty of aftershocks. Witnessing the loss of loved ones and damage to homes has inflicted significant emotional distress, manifesting itself in nightmares, flashbacks, and sleep disturbances.

Furthermore, many healthcare facilities suffered damages, disrupting access to Emergency Obstetric and Newborn Care, family planning services, and menstrual hygiene materials. The situation is exacerbated by the increased risk of sexual assault or violence in exposed areas such as shelters. The earthquake also damaged birthing centers: it is estimated that at least 1,428 women are likely to give birth in the next three months. Displaced pregnant and lactating mothers, along with children under-five, including newborns, face heightened risks of infections, hypothermia, and cold weather-related health issues.

Building on response to the earthquake and further needs of the vulnerable people in the affected areas, UNICEF and UNFPA will focus on the following priority areas:

- Strengthen protection systems to prevent and respond to violence, exploitation, abuse, neglect, and harmful practices.
- Access to age-appropriate quality and multi-sectoral services for women and girls at risk and survivors of gender-based violence (GBV).
- Provide psychosocial support to the affected and vulnerable populations including referral for specialized services.
- Resumption and/or ensuring continuity of primary health care, reproductive maternal, newborn, child, and adolescent health (RMNCAH) and vaccinations services.

UNICEF and UNFPA in coordination and collaboration with protection cluster member organizations including other UN agencies will implement the interventions outlined in the result framework section.

To achieve the proposed results UNICEF and UNFPA will conduct vulnerability assessment in the target municipalities to identify and provide protection services including GBV, children protection and psychosocial support. Furthermore, UNICEF and UNFPA will strengthen the coordination and collaboration with the provincial and local levels for effective implementation of the recovery interventions.

Targeted locations and beneficiaries:

- *UNICEF:* The targeted beneficiaries are 2500 vulnerable children for emergency assistance, 16100 vulnerable population for psychosocial interventions. 500 child protection service providers and frontline workers will also be targeted to strengthen their skills and knowledge on child protection and psychosocial support for effective service delivery. The project will be implemented in seven palikas from Jajarkot (palikas: Kuse, Berekot, Bheri, Nalagad) and Rukum West (palikas: Aathbiskot, Chaurjahari, Sanibheri) districts.
- *UNFPA:* The primary beneficiaries are GBV survivors, women of reproductive age, including adolescent girls (10-19) in Jajarkot and Rukum-East districts. Health service providers and other key frontline workers

of the SRH and GBV services will also benefit from this project. The main target beneficiaries are from 2 districts of Karnali Province which are severely affected. There are estimated 300,000 affected population of which 84000 are women of reproductive age, 4287 are estimated to be currently pregnant and 15000 are adolescent girls. The support will be prioritized to three municipalities of Rukum West (Aathbiskot, Chaurjahari, Sanibheri) and four municipalities of Jajarkot (Kuse, Barekot, Bheri, Nalagad), however based on the need the support will be provided to the beneficiaries who access services from different service centers (OCMC, safe house and WFS).

Sustainability strategy: The sustainability strategy adopted by this project is strengthening the existing protection systems. It includes capacity enhancement of the local governments and frontline workers on protection issues including GBV, child protection, psychosocial support etc. Furthermore, leveraging existing community structures is another critical strategy, as it taps into the established networks and relationships within communities to foster a collaborative environment for implementing protection interventions. This project will also contribute to ensuring the inclusion of the protection interventions in the government's plan and budgets for long-term sustainability.

II. Water Sanitation and Hygiene (WASH)- UNICEF

As of date, the WASH Cluster has been able to reach about 24,510 families of Jajarkot Rukum-West, and Salyan through WASH response. The Cluster including UNICEF was able to repair 40 water supply schemes that benefitted 20,000 populations of earthquake affected areas and further conducted water quality monitoring of 64 water supply schemes (WSS), chlorinated 148 WSS that reached to 74,000 peoples. It was also able to install 592 emergency toilets and constructed 2,757 water sealed toilets (Permanent/semi-permanent structure) in EQ affected communities. Further it was also able to install and repair WASH facilities in 10 schools and repair of WASH facilities in 40 schools is ongoing. While this is being done there is still huge gap in provision of WASH services given the target of reaching 250,000 people or 50,000HHs of these affected areas.

Given the past diarrhea and cholera outbreaks with casualty of over 400 people in this area, it is critical to support the rehabilitation and restoration of partially damaged water supply systems, construct new water supply schemes, and rehabilitate toilets and hand washing facilities in communities, institutions and public places. It is also important to raise awareness of safe hygiene practices and behaviors to avoid possible future outbreaks.

Thus in this regards, UNICEF will focus on the following priority areas; 1) providing technical support and capacities to provincial and local government and cluster mechanisms for a coordinated preparedness and response, 2) supporting households/communities and institutions in the repair and reconstruction of WASH facilities specially of those most vulnerable communities and hard to reach areas 3) providing hygiene education and supplies for dignified living and behaviors to reduce potential waterborne disease outbreaks 4) capacity building and skill development of communities as part of these support to build them better for unforeseen events in future.

To conduct this work, UNICEF will follow the defined strategy of WASH Cluster for this recovery program as the following:

- Continuation of recovery works through stronger coordination/collaboration between three tiers of government (federal, province and local level), district authorities and clusters including data validation and information management and reporting.
- Adapting a community based, participatory approach by developing strong partnerships between the affected communities in all aspects of community restoration. In addition, building capacity of communities at the local level through skill set development of WASH on designing, development and service delivery of resilient WASH facilities adapted to communities' needs to ultimately build back better
- Strengthen intersectoral coordination, work together with health, education, nutrition, protection, as well as shelter, and the private sector for a coordinated recovery works related to improving WASH facilities and service, taking in account community feedback, needs and behaviors both in communities and institutions.
- Support affected municipalities and districts for preparedness for future disaster through capacity building, WASH knowledge and skills enhancement, contingency planning as well as community engagement.
- Conduct joint monitoring and analysis of social and behavioral patterns to reduce public health risks and monitoring and review of recovery works to ensure people-centered and quality results on WASH service delivery.
- Develop a strong linkage between humanitarian and development nexus, through interlinkages between the current humanitarian WASH response and recovery to the municipal level WASH planning, programming and implementation for resilient WASH services.

To implement this programme, UNICEF will follow a vulnerability approach by identifying the needs of the most vulnerable groups, especially women, children and disabled will be given priority. UNICEF will be engaging with provincial, districts and local government as well as local civil society organizations as partners for coordination, capacity building and implementation of the activities planned under this Programme. Building on relief efforts, efforts will be made for longer-term, reconstruction and recovery through building resilient WASH structures. Aside from this UNICEF will engage WASH Cluster in strategic areas of coordination, information generation and validations, recovery Programme quality monitoring and improvements.

III. Nutrition- UNICEF

Chronic malnutrition in Karnali province is the highest in the country with 36 % children under five stunted and 4% are wasted. Micronutrient deficiencies such as anaemia is high in children and women with 40% and 21% prevalence rates respectively. Discontinuation or reduction of access to essential health and nutrition services increased the risk of malnutrition in affected populations which is already at an emergency level. In addition to the disruption of services, the high level of malnutrition is the result of poor-quality food, poor maternal and child caring practices aggravated by high level of poverty, food insecurity, low education level especially among women, poor infrastructure and frequent natural disaster, environmental and climate related factors. There is a significant risk that the situation may deteriorate further if recovery actions are not delivered.

UNICEF works on nutrition in both emergencies and development context in Nepal for decades including the Multi-Sector Nutrition Plan (MSNPs) with the financial support from the European Union (EU). The EU use two financing modalities, budget support to government and complementary funding through UNICEF. With the fund from EU, UNICEF provide technical support to government at all levels to coordinate, plan, monitor and review programme implementation and strengthen systems. The technical assistance includes:

- Nutrition Assessment and Gap Analysis (NAGA) conducted in 2009 with other development partners to inform the development of the first MSNP (2013-2017).
- Human resources to increase capacity of the National Planning Commission (NPC), Ministry of Health and Population (MoHP), Ministry of Federal Affairs and General Administration (MOFAGA), Province Planning Commissions.
- Training of Community Health Workers, Female Community Volunteers and MSNP facilitators on the MSNP and its implementation at different level.
- Supporting different technical groups to improve their function relevant to the implementation of the MSNP.
- Development and revision of nutrition policies, strategies, program implementation guidelines, and training materials, job aids, technical guidelines, and standard operating procedures
- Formulation of the MSNP III (2023-2030) drawing lessons from the implementation of MSNP I (2013-2017) and MSNP II. (2018-2022).
- Strengthening nutrition information management systems and the establishment of the Nepal Nutrition and Food Security Portal and Web based reporting. These have been used to inform decision making at different level of government.

The MSNP I and II used a blanket approach to all municipalities. Based on evidence from the review of MSNP II, the MSNP III adopted crucial approaches including tailored and targeted programming in areas with the highest level of malnutrition and for marginalized groups.

UNICEF work on emergency include the response during 2015-2017. UNICEF supported the 2015 earthquake affected districts with a package of nutrition interventions mainly, promotion, protection and support of

breastfeeding, complementary feeding, detection and management of SAM and MAM, Micronutrient supplementation. Significant number of Health workers and FCHVs were trained on nutrition interventions who became a resource person in development setting ensuring sustainability to respond for future emergencies. Recently, UNICEF as a cluster co lead with government coordinated the initial assessment of needs and leveraged government resources particularly nutrition commodities to Implement catch-up vitamin A supplementation, deworming, screening of children for wasting and treatment, Iron Folic Acid Supplementation and IYCF counseling in Jajarkot and Rukum West districts of Karnal province.

As part of the recovery action plan UNICEF proposed priority interventions are based on three principles: (i) complementing the conditional and unconditional cash transfer to households with Infant and Young Child Feeding Promotion and nutrition education, (ii) leveraging government resource especially nutrition commodities – such as Ready to Use Therapeutic Food, for treatment severe Acute Malnutrition (SAM) and Micronutrient supplementation through increasing nutrition service seeking behavior, (iii) using Female Community Health volunteers to ensure malnourished children are referred to the Nutrition Rehabilitation Centers (NRC) and Outpatient Therapeutic Centers (OTPs).

1. The two main activities that are covered under this project are: Nutrition education and counseling to protect and prompt optimal Infant and Young Child Feeding practice. These include:
 - promoting, protecting, and supporting breastfeeding within the first one hour after birth, exclusive breastfeeding for six months and continuation of breastfeeding with complementary food for 2 years.
 - introduction of age-appropriate complementary food particularly linking with the use of cash transfer to improve the consumption of nutritious food.
 - increase health and nutrition services seeking behavior, through increase knowledge and facilitation, linkage with health facilities, Nutrition Rehabilitation Centers (NRCs) and Outpatient Therapeutic Centers (OTCs).
2. Training of Community Health Workers and Female Community Health Volunteers:
 - different training materials, implementation guidelines, job aids, technical guidelines, and standard operating procedures will be used to increase the capacity of the CHW and FCHVs to deliver quality nutrition education and counseling in health and nutrition facilities, communities, and households.
 - orientation on the use cash transfer for improving nutritional status of children, adolescents, and mothers through different platforms such as mother groups, the first one thousand days mother groups, health facilities and during public work sessions and other opportunities linked to the PW.

UNICEF and WFP will work together in Jajarkot district: Chhedagad, Junichande, Bheri, Shiwalaya Bheri, and Kushe municipalities and in Rukum West district: Athbisakot, Sani Bheri Rural, and Chuarajhari municipalities. The nutrition counseling and education to promote optimal IYCF practice, and training of Community Health

Workers and Female Community Health Volunteers: will be from the same municipalities and expected to enhance the use of the cash transfer for better nutrition outcome.

UNICEF and WFP integrate their activities at municipalities level where list of affected population who are receiving and cash transfer can be collected and linked with FCHVs. Each FCHV in coordination with Health Coordinator/Health facility staff has list of mothers group and households under their catchment area. These are some of the mechanisms that will be used to exchange data.

IV. Shelter- IOM

According to the National Emergency Operations Centre 62,000 homes were affected (35,455 partially damaged and 26,557 completely damaged) by the earthquake which struck Jajarkot district in Karnali Province. To address the temporary shelter needs of affected families by three earthquakes of Jajarkot, Bajura and Doti, the Government of Nepal (GoN) endorsed the Temporary Housing Construction Procedure for Earthquake Affected Households, 2023 and pledged NPR1.41 billion (USD10.45 million), with each household expected to receive NPR 50,000 (USD 370.60) in two equal tranches. As of March 31, 2024, 70,480 households (HHs) affected by the Jajarkot, Bajura and Doti earthquakes have received the first instalment of NPR 25,000 to begin with the construction of temporary shelters. However, the distribution of the second instalment has just commenced at community level, although 63,277 households have already finished constructing their temporary shelters, while some have started to rebuild their permanent houses. The Federal Government of Nepal has mandated updating household information on the Bipad Portal before disbursement, causing delays in the instalment distribution process. Although various supporting agencies have provided volunteers to update household information in some of the affected municipalities, there is still a shortage of human resources, especially in the most affected areas.

For the longer-term recovery and reconstruction process, the GoN has targeted the reconstruction of 95,787 households affected by three earthquakes. The Federal Government has already conducted a Preliminary Damage Need Assessment (PDNA) identifying the highest loss and damages mainly on private housing, which shows that a total 438 million USD is required for the reconstruction of those affected households. NDRRMA has drafted the Disaster Affected Private Housing Retrofitting, Reconstruction and Rehabilitation Grant Procedure, 2024 as well as the Post Disaster Needs Assessment and both documents are in the process of being endorsed. Once the documents will be endorsed by the GoN, the reconstruction activities will start following a Detail Damage Assessment of the affected households to identify the scale of damage.

IOM has been working on promoting safe, orderly and regular migration in Nepal since 2006 and contributing to disaster preparedness and response since 2008. In response to the devastating earthquake that struck Nepal in 2015, IOM has supported life-saving and recovery interventions; this included distributed shelter and non-food items to 297,876 households, reaching approximately 1,489,380 individuals; engaged 3,647 local labourers,

including 1,498 women in Cash for Work programmes; and assisted 499 individual patients with earthquake related injuries, referrals to specialist care, and/or assisted populations in resolving their displacement status through return and relocation efforts.⁴ IOM co-led the Housing Recovery and Reconstruction Platform (HRRP) (from 2015 until early 2017), created for providing a platform for coordination, strategic planning, and technical guidance for agencies involved in longer term housing recovery and reconstruction, and to engage with the Government of Nepal and other key stakeholders to inform the wider housing reconstruction programme. In most recent years, IOM has constructed eight evacuation/multi-purpose centres, identified and mapped open spaces, and trained more than 600 national security officials in Camp Coordination and Camp Management (CCCM), among other topics. As the global CCCM cluster lead for disaster response, IOM is the co-lead of the CCCM cluster at the federal and provincial level in the country. This capacity has been further strengthened with the immediate deployment of a rapid response team with expertise in CCCM, Shelter and DTM. Given this wealth of experience, both at the global and national level, IOM is perfectly fit to provide the affected communities with effective shelter solutions.

The aim of the shelter-related interventions planned through this project is to support the Government of Nepal in **creating an enabling environment for long term recovery and reconstruction of affected communities**. The project targets to empower the affected and vulnerable populations to become agents of recovery in rebuilding their homes and communities and reduce future risks.

The project will be implemented in close coordination with IFRC/ NRSC, members of shelter cluster other clusters in areas of common interest particularly with Food, WASH and Protection. IOM, through implementing partners, will promote interlocking Compressed Stabilized Earth Brick (CSEB) technology, as one of the reconstruction techniques, since it has a low-carbon footprint, especially when compared to fired brick or solid concrete blocks. Notably, the draft Disaster Affected Private Housing Retrofitting, Reconstruction and Rehabilitation Grant Procedure, 2024, also promotes interlocking CSEB, provisioning additional grants amounting to NPR 50,000 to households adopting such construction technique.

The interventions envisaged through this project are in line with the needs articulated in the Preliminary Disaster Need Assessment report and are designed in consultation with the different tiers of the Government and with the community, mainly the National Disaster Risk Reduction and Management Authority, the Department of Urban Development and Building Construction (DUDBC), the Ministry of Physical Infrastructure and Urban Development, the District Disaster Management Committees, the Local Governments affected by Jajarkot Earthquakes and the affected populations. The project will be promoting a whole of society approach by bringing

⁴ IOM Nepal Earthquake response 2015. <https://nepal.iom.int/iom-nepal-earthquake-response-2015#:~:text=As%20a%20result%20of%20the,Camp%20Coordination%20and%20Camp%20Management%20>

on board the smallest units of local levels such as women's groups, ward level disaster management groups & youth-led groups.

The project will work in close coordination with the members of shelter clusters and the GoN and in synergy with the other UN agencies that are part of the joint project. IOM will pilot and support the reconstruction of 23 (21 interlocking CSEB and 2 stone) houses and innovative technologies, for the vulnerable households, targeting HH of elderly, and HHs with or of People with Disabilities (PwDs) with no or limited support, socio-economically poor single female-headed HHs, child-headed HH and those living in unsafe shelter conditions, in risk areas, are historically landless, do not have habitable land or do not have formal land ownership documents. The proposed project will also build the capacity of 26 aspiring entrepreneurs to support future reconstruction activities. The proposed initiative will support in scaling up local knowledge, traditional skills and usage of local materials for sound recovery and will pilot the construction of a few houses adopting vernacular architecture to preserve the local identity of the affected locations with the aim of replicating such actions during future reconstruction. The project will carry out process documentation for each activity, which will be shared with the project partners and stakeholders, including local, district, provincial and federal government.

IOM will promote Prevention of Sexual Exploitation and Abuse throughout the project, including the delivery of specific awareness sessions on the matter. In this regard, IOM established an online confidential reporting mechanism – WE ARE ALL IN platform where complaints and grievances from all genders can report in terms of any discrimination, harassment at the workplace. A dedicated Prevention Against Sexual Exploitation and Abuse (PSEA) officer is appointed to mainly support the organization in reducing SEA and promoting PSEA key messages.

IOM will maintain a risk registry to manage potential risks from fraud, corruption, collusion, beneficiary selection, vendor manipulation, safeguarding, fiduciary and service delivery. IOM has numerous institutional instructions related to the mitigation of risks of fraud and diversion.⁵

In order to accurately monitor project activities, IOM team will be based at the district level, covering all the 13 affected palikas (while most of the activities will be implemented in all 13 affected palikas some of the activities could be limited to five local levels due to limited presence of the potential implementing partners). IOM will make sure that similar activities in overlapping geographic locations will be thoroughly coordinated with other PUNOs to avoid duplication of efforts. One of IOM's activities targets standardizing all documents and interventions related to reconstruction. IOM, in coordination with the 13 local levels and NDRRMA through NHSRP, will review the documents and activities already implemented and/or planned for reconstruction, and will standardize the documents. Also taking into consideration other PUNOs under the MPTF, IOM will work on avoiding duplication of efforts and on creating complementarities and synergies, such as with UNICEF's WASH interventions and implementing standardized trainings.

⁵ Kindly refer to the Lessons Learned and Recommendation document for an exhaustive list of IOM policies in relation to risk mitigation with regards to fraud, diversion and corruption.

The indirect beneficiaries per local level is as follows:

Local Levels	Total	Male	Female	PWD	HH
Bheri Municipality	15157	7335	7822	205	3550
Nalgard Municipality	11569	5790	5779	142	2397
Barekot Rural Municipality	8802	449	8353	114	1555
Aathbiskot Municipality	14367	6934	7433	75	3021
Sani Bheri Rural Municipality	9904	4803	5100	62	2117
Chaurjhari Municipality	11582	5606	5977	67	2735
Triveni Rural Municipality	8210	3924	4286	70	1723
Musikot Municipality	13708	6498	7210	86	342
Shivalaya Rural Municipality	5910	2949	2961	50	1122
Cheedagada Rural Municipality	15151	7484	7666	193	2879
Junichande Rural Municipality	9508	4735	4773	128	1718
Bafikot Rural Municipality	8413	4106	4308	63	1843
Kushe Rural Municipality	9223	4602	4621	108	1760
	141504	65214	76290	1363	26762

The direct beneficiaries per local level is as follows:

Geographic Location	Total	Male	Female	PWD	HH
Bheri Municipality	1215	595	620	12	243
Nalgard Municipality	940	461	479	9	188
Barekot Rural Municipality	940	461	479	9	188
Aathbiskot Municipality	945	463	482	9	189
Sani Bheri Rural Municipality	1210	593	617	12	242
Chaurjhari Municipality	940	461	479	9	188
Triveni Rural Municipality	1210	593	617	12	242
Musikot Municipality	940	461	479	9	188
Shivalaya Rural Municipality	957	469	489	10	191
Cheedagada Rural Municipality	930	456	474	9	186
Junichande Rural Municipality	958	469	488	10	191
Bafikot Rural Municipality	930	456	474	9	186
Kushe Rural Municipality	930	456	474	9	186
	13045	6394	6651	128	2608

V. Food Security and Nutrition- WFP

1. Recovery strategy:

Families affected by the earthquake are facing pre-existing high levels of food insecurity. The affected areas are in remote areas, where households already have poor food consumption. Before the earthquake, households

were skipping meals, shifting to less preferred or inexpensive foods, or borrowing food from family members as their coping strategies. Women and girls often eat less, thereby exacerbating their food insecurity due to existing harmful social norms and practices. The earthquake not only damaged infrastructure such as housing, schools, hospitals, irrigation schemes, water supply systems, roads and so on but it also severely impacted people's livelihoods and the local economy. Livelihoods and income generation activities of communities have since been affected due to the damages to social, economic, and overall productive sectors. Hence, the food security/livelihoods recovery strategy of the food security cluster aims to contribute to resilient and inclusive livelihoods recovery through the rehabilitation/reconstruction of public/community infrastructure and assets such as rural roads, slope stabilization, small irrigation canals etc and provision of food security and nutrition support to vulnerable households/population.

WFP will provide food security and nutrition support to the most vulnerable and affected households by engaging them in food assistance for assets (FFA⁶) activities. Short-term skill training, through Food Assistance for Training (FFT)⁷ in masonry, electricity/electric wiring, bar bending/steel fixture, welding, tailoring, agribusiness enterprises etc and other need-based training will be provided. The FFA/FFT creates temporary employment opportunities and provides conditional cash transfers and will have dual benefits – addressing household immediate food and nutrition needs and rehabilitation of community assets. The targeted households will receive 40 days of wage employment spread over 3-4 months of construction period based on district /local daily wage rates for the FFA/FFT activities.

In addition, unconditional cash transfers will be provided to vulnerable households unable to contribute labour for participation in FFA/FFT because of the households having household members with disabilities, have only single women, older people, gender-based violence (GBV) survivors, pregnant and breastfeeding mothers, malnourished children, chronically sick requiring regular medication etc and do not have other family members between the age of 18-59 years who can physically participate in FFA/FFT activities for their food security/livelihoods recovery with a social justice approach. They will receive unconditional cash transfers for an estimated 2.5 months of social assistance equivalent to the FFA/FFT participant's entitlement. WFP will also provide nutrition cash top-ups for the prevention of malnutrition among pregnant and breastfeeding mothers and girls of reproductive age (PBMGs) and children (6-23 months). The nutrition cash top-up will be NPR 2,500/per person/month⁸ and will be provided for four months.

2. Recovery activities:

⁶ Cash for work activities

⁷ Short-term skill training (30-45 days) and the cash-based transfer as daily wage will be provided to the participants of the training activities.

⁸ NPR (Nepali Rupees) 2500/monthly/mother. Source: Fill the Nutrient Gap Nepal, World Food Program 2021

- Implement the FFA and FFT activities to provide conditional cash assistance to 10,020 households for their participation in community asset rehabilitation activities (FFA) and skill training programmes (FFT).
- Provide unconditional cash assistance to 6,680 vulnerable households unable to contribute labour for FFA/FFT.
- Provide nutrition cash top-ups to 8,350 beneficiaries (comprising of children under the age of 2 and pregnant and breastfeeding women and girls of reproductive age)⁹ to assist them in covering their specific nutritional needs and to prevent malnutrition.

3. Geographic coverage and beneficiaries:

3.1 Geographic targeting:

WFP has prioritized the below-mentioned eight Local Governments taking into consideration the extent of the damage, higher concentration of poor, food insecure and socio-economically marginalized populations, and unavailability of other ongoing programmes such as the Local Infrastructure Support Programme (LISP) funded by FCDO to avoid duplication of effort and resources. The LISP is being implemented in three LGs affected by the Earthquake- Barekot Rural Municipality and Nalgad Municipality in Jajarkot and Darma Rural Municipality in Salyan which supports the LGs to deliver resilient local infrastructures, hence, the FFA activities under this project will not be implemented in these three LGs to avoid duplication.

District	Municipality	Targeted HHs
Jajarkot	Kuse Rural Municipality	1,400
Jajarkot	Bheri Municipality	3,300
Jajarkot	Chhedagad Municipality	2,700
Jajarkot	Junichande Rural Municipality	1,700
Jajarkot	Shiwalaya Rural Municipality	1,800
Rukum West	Aathbiskot Municipality	2,900
Rukum West	Chaurjahari Municipality	1,600
Rukum West	Sani Bheri Rural Municipality	1,300
Total	8	16,700

3.2 Beneficiary targeting/identification and registration:

Beneficiaries will be identified and targeted as per the below criteria for each of the assistance categories and will be carried out jointly by WFP, community representatives and affected communities as well as WFP contracted National NGOs and respective local governments.

1. Conditional cash-based transfer (FFA/FFT):

⁹ The family members of these categories of the beneficiary households of FFA/FFT and unconditional cash recipients.

	▪ households whose houses have completely been destroyed and currently residing in temporary shelters. ▪ Landless/marginal landholders, poorest of the poor – without regular employment/income sources and HHs dependent on daily wage-labour. ▪ Vulnerable/marginalized HHs i.e., Dalits, Janajatis, etc. from the poorest groups. 2. Unconditional cash-based transfer: ▪ Poor and vulnerable HHs unable to contribute labour for FFA/FFT activities due to the absence of family members between the age of 18 and 59 years and the HHs have only single women, older people, gender-based violence (GBV) survivors, pregnant and breastfeeding mothers, malnourished children, chronically sick requiring regular medication etc. 3. Unconditional cash top-up for nutrition: ▪ Pregnant and breastfeeding mothers and girls of reproductive age and children (6-23 months) - family members of these categories from the households targeted for FFA/FFT and unconditional cash transfer. WFP's cooperating partners will identify the beneficiaries for conditional and unconditional cash based on pre-defined criteria/indicators using the participatory rural appraisal/well-being raking tools involving community representatives, affected populations, consultation and coordination with ward offices, local governments, and community-based organizations. Once the initial list of targeted beneficiaries is produced, it will be displayed publicly in the office of the municipality/local government along with the targeting criteria and process. People having concerns and grievances about the targeting process and feeling wrongly excluded from the list and seeing others wrongly included for assistance will be given a chance to file their complaints with evidence and justification based on the pre-defined criteria with respective local governments, WFP's cooperating partners, or WFP's community feedback mechanism within one week time. After receiving such claims, WFP and its cooperating partners in coordination with the respective local governments will verify the information related to inclusion and exclusion errors and the list will be updated and endorsed by the Local Disaster Management Committee. Then, the beneficiaries will be registered into WFP's SCOPE system. During the beneficiary identification and registration process carried out by WFP's cooperating partners, WFP field staff will verify beneficiary eligibility by random spot-checking and WFP CO staff will verify the beneficiary list as per SCOPE registration conformity to detect duplication and data error. WFP's Community Feedback Mechanism (CFM) tool will allow beneficiaries to raise any complaints and feedback they may have on the assistance and overall interventions by WFP. Feedback and complaints are received through different channels such as Tollfree numbers / Namaste WFP hotline, WhatsApp, text messages, emails, help desks and feedback boxes including face-to-face interaction, facilitating two-way dialogues with beneficiaries, are registered in a database, and addressed as per the CFM Standard Operating Procedures (SOP) including feedback loops to the beneficiaries. The CFM channels are also helpful in monitoring and addressing
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issues related to misconduct/wrongdoing by anyone involved in programme implementation. WFP's Community Feedback Mechanism (CFM) posters, handout materials, SCOPE-produced beneficiary identity cards and project brochures explaining the geographic and beneficiaries targeting criteria, process and decision-making procedure, cash transfer value, the purpose of cash transfer, cash transfer mechanisms, will be distributed among beneficiaries, the community, and other stakeholders. WFP in Nepal has established various communication channels such as the. This allows beneficiaries to provide feedback on WFP's interventions and hold the organization accountable while addressing various concerns that may arise. Detailed information in local languages is provided to beneficiaries through various channels including through local community structures. The CFM banners will include detailed information on CFM, the procedure for reporting any complaints, grievances or feedback to WFP and project-specific information.

District	Municipality	Targeted HHs	Population of priority HHs	Conditional HHs (60%)	Conditional CBT (USD)	Unconditional HHs (40%)	Unconditional CBT (USD)	PBMGs and children (6-23 months)	Cash-top up for nutrition (USD)	Total CBT (USD)
Jajarkot	Kuse Rural Municipality	1,400	7,000	840	228,383	560	152,256	700	52,866	433,505
Jajarkot	Bheri Municipality	3,300	16,500	1,980	538,332	1,320	358,888	1,650	124,614	1,021,834
Jajarkot	Chhedagad Municipality	2,700	13,500	1,620	440,453	1,080	293,636	1,350	101,957	836,046
Jajarkot	Junichande Rural Municipality	1,700	8,500	1,020	277,323	680	184,882	850	64,195	526,399
Jajarkot	Shiwalaya Rural Municipality	1,800	9,000	1,080	293,636	720	195,757	900	67,971	557,364
Rukum West	Aathbiskot Municipality	2,900	14,500	1,740	473,080	1,160	315,386	1,450	109,509	897,975
Rukum West	Chaurjahari Municipality	1,600	8,000	960	261,009	640	174,006	800	60,419	495,435
Rukum West	Sani Bheri Rural Municipality	1,300	6,500	780	212,070	520	141,380	650	49,090	402,541
Total	8	16,700	83,500	10,020	2,724,286	6,680	1,816,191	8,350	630,622	5,171,099

3.3 Beneficiaries information and cash-transfer management:

WFP has a well-established beneficiary identity and cash transfer management platform called "SCOPE"¹⁰. The SCOPE platform is used for beneficiary registration, intervention setups, distribution planning, cash-transfers management, and distribution reporting. SCOPE helps WFP enhance the impact of operations by ensuring the right person receives the intended benefit, at the right time, in the best way. SCOPE stores individual and household data and assigns a unique ID and a repository providing a comprehensive detail of the people served, which includes name, age, gender, caste, ethnicity, household size, location, bank account information, and contact information all of which are mechanisms to ensure there is no duplication of assistance. A mobile registration tool – SCOPE mobile registration App will be used to collect the required information from the households including name, sex, age, identity card number, mobile number, bank account details (if available) etc of head of HH, and other primary recipients.

¹⁰ <https://docs.wfp.org/api/documents/7e86e5a6a70447aba713e3cd4e759d8d/download/>

WFP-contracted Financial Service Providers (FSPs) will transfer the conditional or unconditional cash to the beneficiaries into their bank accounts or provide cash “in an envelope” through their remittance agents. WFP has established a long-term partnership agreement with three “A” class commercial banks of Nepal, selected through a competitive process for effecting timely cash transfers to the beneficiaries based on the SCOPE-generated payment advice file and payment authorization provided by WFP. Alternately, WFP has a system of transferring cash directly to the beneficiaries’ bank accounts through its account maintained at the Standard Chartered Bank through the plugPAY system¹¹. No cooperating partner / NGO or WFP staff or user committee members will be involved in cash transfers to beneficiaries and there is no communication between FSP, NGO, User Committee and beneficiaries, the whole transaction is completed through the SCOPE system, which will ensure beneficiaries’ dignity, their financial inclusion, and avoid manipulation/unwanted acts – sexual and gender-based violence, corruption, and fraud.

4. Implementation Modality

The project will capitalize on the long-standing and very good institutional partnership and working relationship between WFP and the LGs under WFP’s other projects including the most recent post-earthquake response. Given the short time for delivery of the project, WFP will continue to rely on its existing experienced and competent staff for the overall management of the project. There will be a dedicated team, led by a Strategic Outcome Manager as Team Leader, to provide oversight to the project through developing a clear work plan with a clear results framework, delivery of the project’s milestones, resource management, mobilization of cooperating partners and project staff, coordination and monitoring and reporting to the donor. Existing staff in the WFP country office – procurement/supply chain unit, research, assessment, and monitoring unit, gender, protection, and accountability unit, finance and resource management unit, human resource unit and other relevant units will provide necessary support to the project team. Moreover, WFP’s Surkhet Field Office will provide day-to-day project management support to the Team Leader in project execution including coordination with provincial stakeholders.

A dedicated team of engineers and qualified project management/social mobilization-related staff will be hired from a roster established by WFP through a competitive process and will be based in the respective LGs. WFP has established a roster of potential cooperating partners / national NGOs selected through a competitive process with a proven track record in emergency food and cash transfers and nutrition programmes. For this project, WFP will be selecting three NGOs through an expression of interest and a review of technical and financial proposals and will be contracted as cooperating partners (CPs) for the implementation of the project activities. WFP will sign Field Level Agreements (FLAs) with the selected three NGOs who will implement the

¹¹ plugPAY is a digital payment solution for vulnerable communities to rapidly receive cash assistance through their payment instrument of choice. It is WFP’s mass payment capability for beneficiary payments. It works towards empowerment and choice at the heart of an inclusive financial services ecosystem, while allowing for interoperable payments directly from WFP internal accounts to beneficiary accounts or mobile wallets.

	project in collaboration with respective LGs and affected communities with WFP providing technical oversight and quality assurance. The CPs will undertake a training needs assessment and contract relevant training institutes certified by the Council for Technical Education and Vocational Training (CTEVT) for the provision of short-term skill training (FFT activities). There will be the provision of skill tests and the issuance of certificates for successful trainees as per the procedures of CTEVT. Training will include facilitation for job placement and business establishment for the successful trainees. Information on dietary diversity, nutritious food consumption, and related knowledge will also be imparted to FFA/FFT participants and beneficiaries of unconditional cash through relevant Information, Education and Communication (IEC) materials as well as light social behaviour change communication. 5. Gender Equality, Disability and Social Inclusion Considerations Women members of the family will be prioritized as recipients so that the cash can be spent for the HH's essential needs including food and nutrition needs of children, older persons, family members with disabilities, etc. To avoid any intra-household level disputes among the family members regarding women recipients of cash assistance, WFP's CPs will ensure gender equality messaging along with sharing programme-related information and details during its outreach activities. Project field staff will be provided with proper guidance on Gender Equality, Disability and Social Inclusion including providing them with a checklist. The principles of equality, inclusivity, and the goal to leave no one behind have always been central to the United Nations' work in Nepal. Through the principle of recovering better together, gender equality and do no harm, WFP together with LGs will focus efforts on the most vulnerable people affected by the earthquake. WFP will ensure that the community is engaged and informed from the early phase of programme intervention. Information on the beneficiary selection and targeting process, entitlements, Community Feedback and Response Mechanisms (CFM) and reporting mechanisms will be disseminated during the household registration process. This will be complemented with additional communication materials. The project flyer/brochure will be distributed to the beneficiaries and will be placed on public notice boards of the LGs and wards' offices to sensitize all the local people about the programme. Helpdesks will be set up in the Financial Service Provider (FSP) /remittance agents' office or cash distribution points during cash distribution ensuring male and female representatives as much as feasible. Similarly, the cash distribution-related banner and CFM sensitization-related visibility banners/posters will be posted at the distribution points. Easy-to-read materials will be made available for persons with disabilities. Necessary security and protection provisions including separate lines for men and women, priority lines/reasonable accommodations for older persons, pregnant and breastfeeding mothers and girls, persons with disabilities etc. as well as toilets, drinking water and easy access to information
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	will be arranged. During the cash distribution, relevant WFP's security guidelines/security incident protocol will be followed. The list of beneficiaries will contain the required information i.e., name, sex, age, ethnicity, displacement status, and other targeting-related information, disability status and any barriers for them and requirement of reasonable accommodations, among others and women members and members with disabilities of the family will be prioritized as the cash recipients. Based on the collected beneficiaries' information, the necessary reasonable accommodation will be arranged for older persons, persons with disability and others concerning accessible and convenient cash entitlement collection arrangement and communication/information sharing about the programme. To the extent possible, in close collaboration with government stakeholders, WFP will involve other relevant stakeholders on the ground including Organizations of Persons with Disabilities (OPD) and representatives from marginalized groups on the design, implementation, monitoring and review of the intervention. WFP will seek to ensure information is relayed to the beneficiaries in an accessible manner, adapted to different persons with disabilities, languages, and means of communication and feedback. 6. Risk Management and Safeguards The WFP Nepal Country Office has established a risk register along with mitigation measures against each risk. The register is regularly reviewed/updated/revised at least twice a year considering the evolving operational environment. The fraud, safeguarding including gender-based violence and Protection from Sexual Exploitation and Abuse (PSEA) and harassment-related considerations are regularly and seriously monitored and handled by WFP through its CFM and PSEA focal points under the overall leadership of the Deputy Country Director. WFP has a zero-tolerance policy against sexual exploitation and abuse, and gender-based violence whether they are committed by WFP employees or staff of cooperating partners and contractors against the people we serve. Ensuring the protection including Protection from Sexual Exploitation and Abuse (PSEA) and accountability of affected populations is a top priority for WFP operations worldwide, including Nepal. Hence, the PSEA measures will be integrated into the project management process to safeguard beneficiaries and ensure that they can safely access WFP's assistance without being subject to sexual exploitation or sexual abuse by WFP employees, partners, or contractors. All WFP staff and CPs staff involved in the project management/implementation will be trained in PSEA; and they will strengthen community engagement and awareness among women, girls, boys, and men in targeted communities and will work with other stakeholders during FFA/FFT and other community meetings. WFP will also maintain and strengthen coordination with key stakeholders in the field, and at the inter-agency level to enable effective collaboration in all areas of work and to ensure a victim-centred approach to better prevent, respond to, and mitigate the effects of sexual exploitation and abuse. WFP will regularly monitor and ensure that beneficiaries experience no safety concerns as a result of their engagement in WFP programmes.
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all beneficiaries are treated with respect as a result of their engagement in programmes, and beneficiaries are provided with accessible information about WFP programmes, including PSEA.

WFP's CFM is a formal mechanism for receiving information from people in communities where WFP operates. There is a dedicated team for handling the CFM based on the Standard Operating Procedure (SOP). The SOP clarifies the roles and responsibilities of individuals to refer to any cases, ensures confidentiality and professionalism, establishes referral systems for protection-related complaints and it has specific procedures to adequately handle high-priority cases such as fraud, corruption and complaints related to sexual exploitation and abuse (SEA). The complaints are graded according to the severity and therefore priority. High-priority cases are handled with specific procedures. Any misconduct, fraud, corruption etc. issues are flagged to the Country Director, and SEA cases involving WFP staff are reported to WFP's Office of Inspections and Investigations (OIGI) by the PSEA focal point who will take forward the case as necessary. There is a standard record management system for the CFM, and an investigation mechanism, procedure, and system for all the fraud, corruption, and SEA-related issues, as per the WFP Anti-Fraud and Anti-Corruption Policy and Related Guidance, 2021. All CFM records are confidential with strict escalation protocols in place. When a fraud case needs to be escalated, it is sent to WFP senior management who is the responsible entity for moving the case forward.

7. Monitoring and Reporting Plan

WFP will utilize its Research, Assessment, Monitoring and Evaluation capacity to develop a results framework in line with its Corporate Results Framework (CRF) and one that defines accountability planning, monitoring, and measuring results and reporting to the donor, FCDO. WFP will carry out the following monitoring activities:

- **Post-Distribution Monitoring:** WFP will carry out post-distribution monitoring to collect beneficiaries' perception of the quality, adequacy and utilization of the cash transfers and measure the effectiveness of the assistance. The post-distribution monitoring also assesses how and whether the assistance has addressed Gender Equality, Disability, Social Inclusion (GEDSI), and Accountability to the Affected Population (AAP).
- **Process/onsite monitoring:** WFP will carry out process/onsite monitoring of the FFA/FFT activities and cash distribution based on the probability-sampling method through external enumerators in line with its do no harm principle, to understand Earthquake-Affected populations and local partners' perception of the quality of overall implementation, i.e. communication, beneficiaries' involvement in the planning and execution, ensure consideration of gender, protection and accountability and recommend corrective action on the programme implementation processes and approaches are strictly followed.
- **Output monitoring:** WFP has a web-based Country Office Monitoring and Evaluation Tool (COMET database system) which is WFP's corporate tool for programme design, implementation, monitoring, reporting and performance management. It is the main repository for recording planned and actual

Steering and management arrangements [max xxx characters with spaces] This section describes steering and management arrangements for the project. It does not substitute for organization-specific arrangements required by the respective internal policies of PUNOs.	output and outcome values. Hence, the COMET platform will be used for output monitoring and consolidating the project-related data ensuring the disaggregation of beneficiaries' data by gender, age, disability, caste/ethnicity etc. ▪ Photo monitoring of assets (before, during and after): WFP will document the photo of each infrastructure from the same location with GPS coordinates showing the status it before it is rehabilitated/reconstructed, during the construction and after the construction. 8. Communications and Visibility WFP will generate communication materials on the contribution from FCDO and WFP's work on earthquake recovery, including photos, videos and other publications related to the project. These will be communicated/disseminated through WFP's social media channels; WFP will collaborate with BEK's communication team for consistent communication and visibility about the project. WFP will also arrange research-based media/feature reporting about the recovery work. In addition, WFP will ensure the appropriate visibility and branding of FCDO/BEK as per BEK/FCDO and WFP branding/visibility policy and standards. The Joint Programme is governed by a Steering Committee made up of the Resident Coordinator, Heads of Agencies of participating UN agencies and FCDO, which provides strategic direction and oversight and has decision-making authority. The Convening Agency (RCO) is responsible for coordinating the programmatic aspects, and the Administrative Agent is responsible for financial administration, while each participating UN organization has programmatic and financial responsibility for the funds disbursed to it. The RCO will convene quarterly meetings with participating agencies to track progress, flag emerging issues and capture important learning. Regular progress updates will be provided to donors and the Steering Committee. The Steering Committee will meet at the initiation and conclusion of the MPTF, as well as on an annual basis to take any necessary decisions about programme direction. In addition, the Steering Committee will meet on an as needed basis in the case of any proposed changes to programme budgets or implementation. The Joint Programme is funded through the Nepal MPTF, which uses the pass-through fund management modality. The UNDP Multi-Partner Trust Fund Office acts as the Administrative Agent (AA) of the Fund. Each Participating UN Organization receiving funds has signed a standard Memorandum of Understanding with the AA. Each Participating UN Organization (PUNO) shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent of the Nepal MPTF (Multi-Partner Trust Fund Office). Such funds will be administered by each UN Agency, Fund, and Programme in accordance with its own regulations, rules, directives, and procedures. Each PUNO shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.
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Monitoring, learning, and reporting [max xxx characters with spaces] This section summarizes the arrangements for: (1) Monitoring and learning by the project team: This is done under the coordination and programmatic leadership of the lead PUNO, and includes data collection, reviews or studies, and joint field visits. For PUNOs that apply HACT, this includes quality assurance, scheduled audit and HACT spot checks, as required. (2) Reporting and communications: One consolidated, results-based annual report is produced that includes programmatic and financial elements. It provides evidence about progress toward project results, based upon monitoring reports and field missions, along with updated data for indicators (as available). Relevant parts of the CF annual results report may be used, unless otherwise required by the donor or pooled fund mechanism. When a separate report is required, the standard report template is used. (3) Annual progress reviews¹²: Arrangements, roles and responsibilities for conducting annual progress reviews.	Narrative reports The Participating UN Organizations will present the following reports to the Convening/Lead Agent for consolidation: 1. Annual narrative reports to be provided no more than three months (30th April 2025) after the end of the calendar year and final report by 30th June 2025 2. Final narrative reports after the end of activities contained in the program-related approved document, including the final year of such activities, to be submitted no more than four months (30th June 2025) in the following year after the financial closure of the Programme. The Convening/Lead Agent will compile the narrative reports of the PUNOs and submit a consolidated report to the Nepal MPTF Secretariat. Financial Reports The Participating UN Organizations HQs will present the following financial statements and reports to the Administrative Agent: 1. PUNO will provide fortnightly financial updates and monthly financial reports to Lead Agent for consolidation to be reported to donor. Also provide the draft financial report by 30th April 2025 and 30th December 2025. 2. Annual financial statements and reports to December 31 2025, regarding released resources by the Fund to them; these shall be provided no more than four months (May 30 2025) after the ending of the calendar year. 3. Final certified financial statements and financial reports after the completion of activities contained in the program-related approved document, including the final year of such activities, to be submitted no more than six months (Dec 30th, 2025) in the following year after the financial closure of the Fund. The joint program evaluation will be undertaken by the RCO under the oversight of the RC and the Joint Steering Committee meeting. The evaluation will be contracted by the RCO (budget has been allocated) and undertaken in the first quarter of 2025 after the project implementation has been complemented. The joint programme evaluation will provide essential findings for other joint programmes implemented under
Evaluation [max xxx characters with spaces] This section describes arrangements, responsibilities and timing for the project evaluation (<i>as required</i>), including	

¹² This may be timed to coincide with CF annual review

how evaluation findings and recommendations will be used by the project partners and other stakeholders.

the Nepal Sustainable Development Cooperation Framework Fund, and will be used to ensure that the Fund operates with the speed, agility and efficiency required for the context.

SDG Targets *[provide linkages to relevant SDG Goals, Targets and Indicators; add as many rows as required]*

Target	Description
Main Goals	
Goal 1	End Poverty
1.5	Build Resilience to environmental, economic, and social disasters
Goal 2	Zero Hunger
2.1	Universal access to safe, nutritious, and sufficient food
2.2	End all forms of malnutrition
Goal 5	Gender Equality
5.2	Eliminate all forms of violence against all women and girls
Goal 6	Clean Water and Sanitation
6.1	Safe and affordable drinking water
6.2	End open defecation and provide access to sanitation and hygiene
Goal 13	Climate Action
13.1	Strengthen resilience and adaptive capacity to climate-related disasters
Goal 11	Make cities inclusive, safe, resilient, and sustainable
11.5	Reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
Goal 16	Peace, Justice, and Strong Institutions
16.2	End abuse, exploitation, trafficking, and all forms of violence against and torture of children
16.a	Strengthen relevant institutions to prevent violence

SDG Indicators	Indicator Code	Description
SDG 13.1.1		Reduction in annual loss of human life (deaths and missing persons) and directly affected persons attributed to disasters per 100,000 populations
Contribution to SDGs <i>[Each PUNO to indicate the relevant SDG targets and the percentage of support – to total 100% per PUNO- add columns corresponding to targets above]</i>		
Participating Organization 1 [UNICEF]	Goal 2.2	3%
	Goal 5.2	6%
Participating Organization 2 [UNFPA]	Goal 3	54%
	Goal 5	46%
Participating Organization 3 [WFP]	Goal 1.5	20%
	Goal 2.1	45%
Participating Organization 4 [IOM]	Goal 1.5	50%
	Goal 11.5	50%
	Goal 6.1	49%
	Goal 6.2	33%
	Goal 16.2	8%
	Goal 16. a	1%
	% Total	100
		100
		100

Risks

Event Description	Category	Level	Likelihood	Impact	Mitigating Measures	Risk Owner
Project not implemented within the given timeframe as required due to financial, operational or organizational reasons.	☐ Social and Environmental ☐ Financial ☐ Operational ☐ Organizational ☐ Political ☐ Regulatory ☐ Strategic	☐ Low ☐ Medium ☐ High ☐ Very High ☐ Not applicable	☐ Rare ☐ Unlikely ☐ Possible ☐ Likely ☐ Very Likely ☐ Not applicable	☐ Insignificant ☐ Minor ☐ Moderate ☐ Major ☐ Extreme ☐ Not applicable	- UN agencies fast tracking implementation of activities - Fortnightly meetings and progress updates for the first three months of implementation and subsequently every month. - Regular discussions in the Joint Programme Steering Committee ensuring that adequate actions are taken. - Accountability to Affected Populations' analysis and information used for any needed course corrections.	PUNOs and Joint Programme Steering Committee
PSEA incidents happen, complaints not being reported and/ or not being acted on.	☐ Social and Environmental ☐ Financial ☐ Operational ☐ Organizational ☐ Political ☐ Regulatory ☐ Strategic	☐ Low ☐ Medium ☐ High ☐ Very High ☐ Not applicable	☐ Rare ☐ Unlikely ☐ Possible ☐ Likely ☐ Very Likely ☐ Not applicable	☐ Insignificant ☐ Minor ☐ Moderate ☐ Major ☐ Extreme ☐ Not applicable	- All UN agencies are conducting mandatory PSEA trainings for staff and implementing partners. - PSEA reporting mechanisms established both agency-wise and there an 24/7 manned PSEA hotline in the UN in Nepal	PUNOs, RC and RCO

Budget Allotment by UNSDG Categories (cumulative)

Budget Allotment by UNSDG Categories (cumulative)

Budget Lines (USD)	Description (optional)	UNICEF (Amount USD)	UNFPA (Amount USD)	IOM (Amount USD)	WFP (Amount USD)	Total
1. Staff and other personnel		499,375.79	43,368.00	377,525.85	990,776.43	1,911,046.07
2. Supplies, Commodities, Materials		98,497.68	57,085.00	712,646.02	5,171,098.00	6,039,326.70
3. Equipment, Vehicles, and Furniture, incl. Depreciation		0.00	0.00	41,139.97	0.00	41,139.97
4. Contractual services		15,000.00	25,600.00	0.00	223,422.00	264,022.00
5. Travel		79,609.18	15,000.00	40,000.00	140,000.00	274,609.18
6. Transfers and Grants to Counterparts		2,418,181.47	501,327.64	1,000,000.00	1,302,421.00	5,221,930.11
7. General Operating and other Direct Costs		319,583.86	11,000.00	162,190.42	377,884.00	870,658.27
Project Costs Sub Total		3,430,247.98	653,380.64	2,333,502.26	8,205,601.43	14,622,732.31
8. Indirect Support Costs		240,117.36	45,736.64	163,345.16	533,364.09	982,563.25
Total		3,670,365.34	699,117.28	2,496,847.42	8,738,965.53	15,605,295.57

Allotment per Gender (GEWE)

	UNICEF	UNFPA	IOM	WFP	Total \$
\$ Towards GEWE	[\$ 1,468,146]	[\$ 45,000]	[\$374,527]	[\$3,058,637]	\$ 4,946,310
% Towards GEWE	[Add % vs total budget]				32 %

Results Framework

Outcomes	Outputs	Activities
Protection – UNICEF and UNFPA		
Outcome 1: Vulnerable populations, including children, women, and adolescent girls, have enhanced protection from violence, exploitation, abuse, and neglect through strengthened systems, accessible services, and coordinated psychosocial support.	Output 1.1: Child protection systems are functional and strengthened to prevent and respond to violence, exploitation, abuse, neglect, and harmful practices.	1.1.1 Provision of child protection services and emergency assistance. 1.1.2 Establishment of child friendly spaces (CFS). 1.1.3 Protection messages disseminated through different platforms. 1.1.4 Capacity building of child protection service providers and stakeholders.
	Output 1.2: Number of women and adolescent girls increase their access to GBV services	1.2.1 Strengthening the existing multi-sectoral GBV response services/facilities (OCMC, Safe house, counselling) 1.2.2 Distribution of relief supplies including Dignity kits, kishori kits, warm clothes for women and girls and other emergency assistance 1.2.3 Establishment of Women Friendly Spaces (WFS) in earthquake-affected areas 1.2.4 Awareness raising on GBV prevention and harmful social norms in the affected areas. 1.2.5 Capacity development of duty bearers and stakeholders on GBV including strengthening cluster mechanism
	Output 1.3: Psychosocial needs of the affected and vulnerable populations identified, and a response provided through coordinated community-based psychosocial services including referral for specialized services.	1.3.1 Provision of individual/group psychosocial counselling support and emergency assistance 1.3.2 Community orientation activities on psychosocial well-being and available services

		1.3.3 Capacity development of psychosocial counsellors and community based psychosocial workers
	Output 1.4: Resumption and/or ensuring continuity of primary health care, reproductive maternal, newborn, child, and adolescent health (RMNCAH) and vaccinations services	1.4.1 Equipment /instrument support for damaged birthing centres 1.4.2 Procurement of sets of inter-agency reproductive health kits to affected health facilities. 1.4.3 Provision of mobile reproductive health camps 1.4.4 Cash support to pregnant women and postpartum with possible complication for referral 1.4.5 MISP training to health providers and coordinators at district levels.
Water Sanitation and Hygiene (WASH) _ UNICEF		
Outcome 1: Basic and community WASH infrastructure (including institutions) and services restored, livelihood of vulnerable EQ affected people stabilized and their capacities restored	Output 1.1: Effective leadership and coordination for WASH sector recovery, and reconstruction is ensured.	1.1.1 Provide technical assistance to provincial, and local levels for coordinated WASH recovery works. 1.1.2 Provide capacity building and support to preparedness for response at provincial and local levels (including WASH in Emergency training, Contingency Planning and preparedness)
	Output 1.2: Safe drinking water to affected families, communities /institutions is provided.	1.2.1 Repair and maintenance of damaged community/institutional water supply schemes (50 schemes) 1.2.2 Reconstruction of 20 community/institutional water supply schemes 1.2.3 Reconstruction of water supply facilities in schools (50 schools)
	Output 1.3: Basic sanitation to affected families, communities/ institutions is provided.	1.3.1 Repair/reinstate partially damaged community/HH/institutional toilets including handwashing stations (3000 HHs)

		1.3.2 Reconstruct fully damaged Community/HH/institutional toilets including handwashing stations (2000HH) 1.3.3 Reconstruction of sanitation and handwashing facilities in schools (50 schools)
	Output 1.4: Hygiene education and essential WASH supplies is provided for promotion of hygiene behaviors and prevention of outbreaks.	1.4.1: Conduct hygiene promotion sessions in earthquake affected areas (including Citizen and children/youth led water quality testing, risk mapping and mitigation works, 100 events) 1.4.2: Provide critical WASH supplies including soap and menstrual management to affected communities (including hygiene kits, water purifiers and testing kits etc. and IEC materials) to avoid possible outbreaks over the
Nutrition - UNICEF		
Outcome 1: Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.		1.1 IYCF counselling to mothers and caretakers of children under 2 years of age. 1.2 Training of primary health care workers and Female community volunteers.
Outcome 2: Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability.	Output 2.1: Community Health workers and Female Community Health Volunteers trained on IYCF	
Shelter- IOM		
Outcome 1: Communities are provided with access to shelter assistance packages and socio-technical support to households rebuilding their homes	Output 1.1: <i>Affected communities have increased capacity and awareness on building back better techniques through the provision of socio-technical support.</i>	1.1.1: Develop and disseminate standard technical tools at all local levels. 1.1.2: Deliver technical orientation to local government on temporary shelter tranche disbursement process A1.1.3: Provide social facilitation targeting vulnerable households.

		A1.1.4: Provide intensive door-to-door technical support to vulnerable beneficiaries. A1.1.5: Conduct social awareness campaigns. A1.1.6: Develop and disseminate IEC materials regarding the use of local technologies and resources for constructing safer houses. A1.1.7: Facilitate dialogues of beneficiaries with local and district offices regarding recovery and reconstruction and safe settlement planning. A.1.1.8: Provide MIS data verification of temporary shelter at NDRRMA A.1.1.9: Provide technical guidance and feedback response lead on Temporary Shelter MIS A.1.1.10: Develop standard communication tools (radio jingles, IEC materials) on temporary shelter tranche disbursement process. A.1.1.11: Facilitate technical training and orientations on technical standards (ToTs, policies, guidelines) to capacitate POs and local levels on recovery efforts A.1.1.12: Conduct advocacy at local levels to prepare annual plans and budget for recovery, reconstruction and DRR (4 local level plans (Monsoon preparedness, disaster preparedness plan, reconstruction/resilience strategic plans). A.1.1.13 Establish help desks in municipalities level/ ward level to support registration and integration of beneficiaries’
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		detail in BIPAD portal in coordination with NDRRMA. A.1.1.14 Organize consultative meetings with municipalities to agree on beneficiary selection criteria and process. A.1.1.15 Establish service desk and hotline services in municipalities to promote and provide information about building code and green construction techniques. Red Cross A.1.1.16 Conduct Training of Trainers (ToT) session on Participatory Approach for Safer Shelter Awareness (PASSA) at the district level. A1.1.17 Cascade PASSA training in the communities to develop local capacity to reduce shelter related risk by raising awareness and developing skills within communities.
	<i>Output 1.2: Affected communities have improved access to shelter assistance packages.</i>	A1.2.1: Identify vulnerable households and sites for construction of pilot houses using cost- effective and earthquake resistant interlocking CSEB bricks. A1.2.2: Provide training on Compressed Stabilized Earth Brick (CSEB) interlocking bricks making, stone machinery and brick machinery and other typologies to promote vernacular architecture targeting women. A1.2.3 Provide masonry training, including to women (unskilled, semi-skilled and skilled) to build houses using interlocking CSEB techniques. A1.2.4: Conduct training to local government engineers and sub-engineers on interlocking bricks CSEB building.

		A1.2.5: Provide entrepreneurship trainings to aspiring entrepreneurs, including women, at the Local level to support future reconstruction activities. A1.2.6: Provide 13 sets of CSEB machines, each set including 1 brick-making machine, 1 compressor tester, safety gear and equipment to 13 enterprises, either entrepreneur-led or community-led. A1.2.7: Provide 13 stone-cutting machines to 13 enterprises, either entrepreneur-led, or community-led and deliver technical training on their usage. A1.2.8: Provide start-up and raw material support. A1.2.9: Insure the employees of the construction enterprises for risk transfer. A1.2.10: Deliver training to local engineers on safe building techniques, building codes and green building codes. A1.2.11: Pilot the reconstruction of new model interlocking CSEB and stone houses for vulnerable households, promoting local architecture including accessible features.
	Output 1.3: <i>An accountable, transparent and two-way communication channel on recovery and reconstruction for the affected community is established and strengthened.</i>	A1.3.1: Deliver PSEA training to implementing partners, stakeholders, vendors through IOM's PSEA focal point. A1.3.2: Conduct PSEA awareness sessions to beneficiaries. A1.3.3: Strengthen the complaint and feedback mechanism (CFM) existing at the Local level. A1.3.4: Establish the complaint and feedback mechanism for the project beneficiaries.

		A1.3.5: Hold regular coordination meetings with project stakeholders on Accountability to Affected Populations (AAP). A1.3.6: Hold coordination meetings between Federal, Provincial, District and Local level officials and shelter cluster member organizations, to discuss progress, challenges and ways forward. A1.3.6: Disseminate the communication on the developed CFMs through radio, TV, LCD screens in the government offices and social media. A1.3.7: Conduct process documentation of all activities. A1.3.8: Organize lessons learned and knowledge sharing event.
Food Security and Nutrition- WFP		
Outcome 1: Support livelihoods and the continuation of basic service delivery.	Output 1.1: Provided conditional and unconditional food assistance (cash-based transfer) to highly vulnerable households struggling to recover livelihood and employment opportunities through food assistance for assets programmes for reconstruction/rehabilitation of community/public infrastructure damaged by earthquake with a build back better approach for long-term community resilience.	1. Cash assistance for assets (FFA/cash for work/training) programme for repair and rehabilitation of community infrastructure, targeting one household member from the most vulnerable/displaced households (conditional cash-based transfer). ▪ Beneficiary targeting/identification and registration ▪ Feasibility study, survey, design/estimate of FFA schemes and preparation of skill training for entrepreneurship development ▪ Construction of schemes including delivery of required non-local construction materials, mobilization of skilled and unskilled labourers, site supervision and quality assurance, etc.

		▪ Conduct food assistance for training activities. ▪ First tranche wage payment (cash transfer) to the workers/trainees (after completion of an average of 50% of work and training) and Second tranche wage payment (cash transfer) to the workers/trainees (after 100% completion of work/assets and training). ▪ Public audit and handover of the schemes. ▪ Process monitoring/post-distribution monitoring and photo monitoring. 2. Provide unconditional cash-based assistance to vulnerable households (unconditional cash-based transfer). ▪ Identification of targeted beneficiaries for unconditional cash ▪ Cash transfer to beneficiaries. ▪ Onsite and post-distribution monitoring. 3. Provide unconditional cash top-up to the vulnerable households which are involved in FFA/FFT for their family members who are pregnant and breastfeeding mothers and children (6-23 months) to assist them to cover their specific nutritional needs and to prevent (unconditional cash-based transfer). ▪ Identification of targeted beneficiaries pregnant and breastfeeding mothers and children (6-23 months) ▪ Cash transfer to beneficiaries ▪ Onsite and post-distribution monitoring
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Indicators and Targets

Indicator	Baseline	Target	Means of verification
Protection – UNICEF and UNFPA			
Outcome 1:			
1.1 Percentage of vulnerable children benefited from emergency assistance.	NA	10%	Beneficiary lists, Case management records
1.2 Percentage of people experiencing improvement in psychosocial well-being after receiving psychosocial counselling.	NA	60%	Pre/Post Test
1.3. Number of women and adolescent girls increase access to GBV services.	45	245	Beneficiary list, Service register, OCMC records. Distribution list for IARH kits
1.4 Number of women (pregnant and postnatal) and newborns in need of access to safe ANC and delivery services.	30	700	Antenatal records, Postnatal records, and delivery records, asset verification, beneficiary list.
Output 1.1			
1.1.1 Number of vulnerable children affected by earthquake situation supported with emergency assistance (legal aid, temporary shelters, medical support, care arrangements, cash support, material support etc).	1057	3557	Beneficiary lists, Case management records
1.1.2 Number of children reached with child friendly spaces (CFS)	781	1000	CFS attendance records, direct observation (site visits), testimonies from children, caregivers, community members.
1.1.3 Number of people reached with protection information through different mediums.	50,000	80,000	Attendance Sheets (For workshops or community meetings), Distribution Lists (Keep track of distribution for flyers, posters, brochures, or other printed materials.)

Output 1.2					
1.2.1 Number of GBV survivors (male, female, non-binary, PwDs) provided with different GBV response services including referral to other services (health, legal, psychosocial).	45	245		Beneficiaries list, case management records* survivor feedback	
1.2.2 Number of women and girls received essential lifesaving supplies (dignity kits, Kishori kits, winter kits) and other emergency assistance.	12,000	13,100		Distribution lists, monitoring reports & Focus Group Discussion	
1.2.3 Number of women and girls utilizing and accessing the established women friendly services as per the set standards.	33	1500		Service logs/attendance records, site visits, testimonies/success stories from women/girls	
1.2.4 Number of people reached through awareness raising and sensitization on GBV.	12,000	62,000		Radio/TV broadcasts to obtain listenership/viewership data	
Output 1.3					
1.3.1 Number of people (male, female, children, people with disabilities (PwDs) supported through individual/group psychosocial counselling.	684	1784		Individual counselling session records, group session attendance records, monitoring visit report, progress report	
1.3.2 Number of people (male, female, children, PwDs) reached through community sensitization.	3561	18,561		Attendance Sheets (For workshops or community meetings) Distribution Lists (Keep track of distribution for flyers, posters, brochures, or other printed materials.)	
Health (Sexual and Reproductive Health):					
Output 1.4					
1.4.1 Number of women (pregnant and postnatal) in need of access to safe ANC and delivery services.	30	730		Register at birthing centre; monitoring visit report, progress report	
Water Sanitation and Hygiene (WASH) _ UNICEF					
Outcome 1					

1.1 Proportion of population having access to safely managed drinking water in selected 10 municipalities.	0		30%	Endline study
1.2 Proportion of population having access to basic sanitation in selected 10 municipalities.	0		50%	Endline study
Output 1.1				
1.1 Functioning WASH cluster coordination mechanism at provincial and municipal level.	Partially functioning	Fully functioning		Cluster meeting notes, provincial and local level contingency plans
Output 1.2				
1.2 Number of people accessing safe drinking water through a durable solution	15000	55000		Field monitoring, partners reports
Output 1.3				
1.3 Number of people accessing basic sanitation services.	15,700	43,200		Field monitoring, partners reports
Output 1.4				
1.4 .1. Number of people participated in hygiene promotion sessions.	40, 000	65,000		Field monitoring, partners reports
1.4.2. Number of people reached with critical WASH supplies.	45,000	70,000		Field monitoring, partners reports
Nutrition - UNICEF				
Outcome 1				
1.1 Percentage of mothers/caregivers received IYCF counselling and nutrition education.	0%	80%		Baseline and endline assessment report
1.2 Percentage of children aged 6 months who are exclusively breastfed.	74%	76%		Baseline and endline assessment report
Output 1.1				
Number of mother/caregivers receive IYCF counselling: and nutrition education.	500	5560		Baseline and endline assessment report. Monitoring reports.
Outcome 2				
2.1 Percentage of Health community health workers trained on IYCF.	0%	90%		Baseline and endline assessment report

2.2 Percentage of Female Community Health Volunteers trained on IYCF.	0%		90%	Baseline and endline assessment report
Output 2.1				
2.1.1 Community Health workers and Female Community Health Volunteers trained.	0		680	Baseline and endline assessment report
Shelter- IOM				
Outcome 1				
1.1 % targeted households that report of improved socio-technical shelter assistance.	0 %		60%	Pre and Post Assessment Survey report Project report
1.2: % of affected households that have received direct and indirect support to repair / rebuild their homes safely.	0 %		5%	Monitoring report Project database
Output 1.1				
1.1 Number of technical Standard tools developed	0		4	Monitoring report Availability of tools
1.2 Number of PASSA Trainings provided in local Palikas to raise safe shelter awareness.	0		25	Training Report Roster of Trainers
1.3 Number of affected households that are provided with earthquake safer shelter construction techniques messages, information of BBB through IECs and other materials.	0		5480	Availability of dissemination report Activity report
Output 1.2				
1.2.1: Number of masons trained	0		500	Training report Pre-post assessment

1.2.2 Number of Trainings to Engineers /Sub- Engineers about earthquake resistant building construction technology.	0	100	Training report Pre-post assessment
Output 1.3			
1.3. 1.: Number of affected community people benefiting from existing grievance handling mechanism established at the local level.	0	3100	Survey report Availability of different IEC tools
1.3.2: % of people benefitting from awareness campaigns messaging.	0	50%	Survey report
Food Security and Nutrition- WFP			
Outcome 1			
1. Support livelihoods and the continuation of basic service delivery			
Output 1.1			
1.1.1 Number of women, men, boys, and girls (18-59 years) receiving cash transfers (including persons with disabilities) through asset creation/training activities.	0	50,100	Beneficiaries' data maintained by WFP through SCOPE
1.1.2 Total value of conditional cash transferred to targeted people through Food Assistance for Assets/Training (cash for work/training).	0	USD 2,724,286	Cash-transfer reconciliation report and financial report generated through WFP's corporate financial management system – (WINGS) and beneficiary identity and transfer management system (SCOPE)
1.1.3 Number of wage employment days created for poor women and socio-economically marginalized groups through FFA/FFT.	0	400,800	✓ Engineering design/estimate and project completion documents. ✓ Bill of quantity documents ✓ Workers' attendance record
1.1.4 Number of assets damaged by earthquake built, restored, or maintained by targeted households and communities, by type and unit of measure.	0	55	✓ Engineering design/estimate and project completion documents. ✓ Construction agreements with user-committee. ✓ Record of constructed/created public assets maintained by WFP in COMET (Country Office Tool for Managing Effectively).

1.1.5 Number of households benefitting from built, restored, or maintained assets.	0	22,000	Beneficiaries' data maintained by WFP
1.1.6 Number of women, men, boys, and girls receiving unconditional cash transfers including cash-top up for nutrition (including people with disabilities).	0	41,750	Beneficiaries' data maintained by WFP through SCOPE
1.1.7 Total value of unconditional cash transferred to targeted people including cash-top up for nutrition.	0	USD 2,446,813	Cash-transfer reconciliation report and financial report generated by WFP's corporate financial management system – (WINGS) and beneficiary identity and transfer management system (SCOPE)

Work Plan

Please see the attached detailed workplan Annex 1

Outputs/Activities	Participating Organization	Time Frame (Quarter)	
		Start	End
Output 1: [Add]			



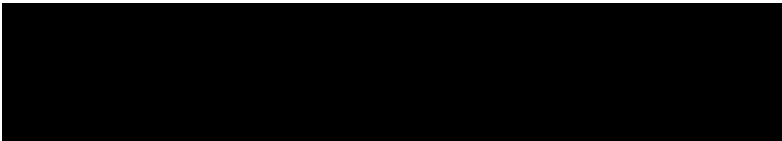
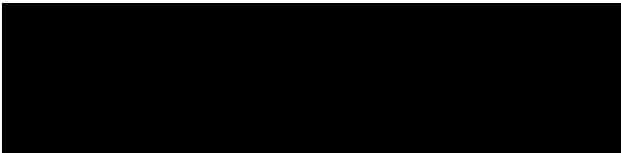
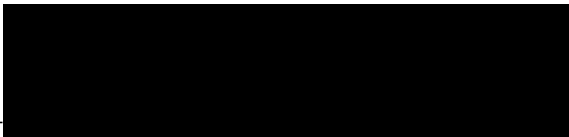
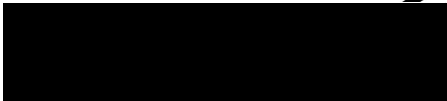
MPTF
JRAP-Workplan-Con

Legal Context or Basis of Relationship

1. Agency name: United Nations Children's Fund (UNICEF)
Agreement title: A Basic Cooperation Agreement (BCA) concluded between the Government and UNICEF
Agreement date: 21 February 1996
2. Agency name: United Nations Population Fund (UNFPA)
Agreement title: Standard basic assistance agreement between the Government and the United Nations Development Programme shall mutatis mutandis apply to UNFPA in the country.
Agreement date: 12 February 2014
3. Agency name: United Nations World Food Programme (WFP)
Agreement title: A Basic Agreement concerning assistance from the World Food Programme, which was signed by His Majesty's Government of Nepal and WFP, and Basic Agreement / Umbrella Agreement / Ministry of Finance Concurrence Letter for WFP CSP 2024-2028
Agreement date: 30 August 1967, 07 November 2007, 01 February 2024
4. Agency name: United Nations International Organization of Migration (IOM)
Agreement title: Cooperation Agreement Between the Government of Nepal and the International Organization for Migration
Agreement date: 3 September 2007

Declaration of commitment and signatures

By signing this project document, all signatories commit to work together in a spirit of partnership to achieve the results identified in the results framework, work plan and budget.

Government	
Government _ Not Applicable	
UN Organizations	
Alice Akunga Signature: Name of Organization: UNICEF Date: 17 May 2024	
Won Young Hong Signature: Name of Organization: UNFPA Date: 17 May 2024	
Eva Helene Elisabeth FORS Signature: Name of Organization: IOM Date: 17 May 2024	
Robert Kasca Signature: Name of Organization: WFP Date: 17 May 2024	

Certificate of Completion



Nepal MPTF Project Document_ 15 May 2024_
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Sunita rai

unrconeal@gmail.com

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on 17 May, 2024, 11:34 AM UTC



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nilima.chhettri@wfp.org  **Verified**
182.93.93.164

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vandhana shrestha has signed the document
vshrestha@unfpa.org  **Verified**
116.66.196.213

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dipti shah has signed the document
dshah@iom.int  **Verified**
103.232.152.3

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sreymach than has signed the document
sthan@unicef.org  **Verified**
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