Joint Recovery Action Plan (JRAP) and Humanitarian Response:
Western Nepal Earthquake and the Onset Emergencies Joint Programme

MPTF OFFICE GENERIC ANNUAL PROGRAMME[1] NARRATIVE PROGRESS REPORT REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2024

Programme Title and Project Number	Country, Locality(s), Priority Area(s) / Strategic Results[2]
• Programme Title: Joint Recovery Action Plan (JRAP) and Humanitarian Response: Western Nepal Earthquake and the Onset Emergencies • Programme Number *(if applicable)* • MPTF Office Project Reference Number:00140690[3]	Nepal/Karnali Province/Jajarkot and Rukum West Districts Priority area/strategic results 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
Participating Organization(s)	**Implementing Partners**
IOM, UNFPA, UNICEF, WFP, WHO	• National counterparts (government, private, NGOs and others) and other international organizations

Adventist Development and Relief Agency (ADRA)	INGO
Nepal Red Cross Society (NRCS)	NGO
Women's Rehabilitation Centre (WOREC)	NGO
Aawaaj NGO	NGO
Centre for Mental Health & Counselling (CMC)	NGO
Social Service Centre (SOSEC)	NGO
Transcultural Psychosocial Organization (TPO)	NGO
Hilly Region Development Campaign (HRDC)	NGO

[1] The term "programme" is used for programmes, joint programmes and projects.
[2] Strategic Results, as formulated in the Strategic United Nations Planning Framework (e.g. UNDAF) or project document.
[3] The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page the MPTF Office GATEWAY

Hospital and Rehabilitation Centre for Disabled Children	NGO
Mercy Crops	INGO
Integrated Development Society Nepal (IDS Nepal)	NGO
Support Activities for Poor Producers of Nepal (SAPPROS Nepal)	NGO
Manahari Development Institute-Nepal (MDI-Nepal)	NGO
Chay Ya (NGO)	NGO
Karnali Integrated Rural Development and Research Centre (KIRDARC)	NGO
Mercy Crops	INGO
Rural Self-reliance Development Centre (RSDC)	NGO
Social Awareness Center (SAC)	NGO
Community Impact Nepal (CIN)	NGO
Catholic Relief Services (CRS)	INGO
The National Housing and Settlements Resilience Coordination Platform (NHSRP)	INGO
Department of Urban Development and Building Construction (DUDBC)	Shelter Cluster Lead - Federal Level
Ministry of Physical Infrastructure and Urban Development	Shelter Cluster Lead - Provincial Level
National Child Rights Council (NCRC)	Government
Ministry of Women, Children and Senior Citizens	Protection Cluster Lead - Federal Level
Ministry of Social Development	Protection Cluster Lead - Federal Level
Family Welfare Division (FWD) under the Ministry of Health	Reproductive Health sub-cluster Lead - Federal Level
Ministry of Health and Population	Government
Epidemiology and Disease Control Division (EDCD)	Government
National Tuberculosis Control Center (NTCC)	Government
Public Health Office, Kavrepalanchowk	Government

Programme/Project Cost (US$)

Total approved budget as per the project document:
US$16,116,856.52
MPTF/JP Contribution[4]:

- by Agency
  - IOM: US$2,496,847.42
  - UNFPA: US$747,965.99
  - UNICEF: US$3,844,992.01

Programme Duration

Overall Duration 16 months

[4] The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the MPTF Office GATEWAY

WFP: US$8,933,083.70 WHO: US$93,967.40		
Agency Contribution • by Agency (if applicable)		Start Date[5] 01/05/2024
Government Contribution (if applicable)	N/A	Original End Date[6] 31/01/2025
Other Contributions (donors) (if applicable)	N/A	Current End date[7] 30/09/2025
TOTAL: US$16,116,856.52		

Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Assessment/Review - if applicable *please attach* ☐ Yes ☐ No Date: *dd.mm.yyyy* Mid-Term Evaluation Report – *if applicable please attach* ☐ Yes ☐ No Date: *dd.mm.yyyy*	○ Name: Stine Heiselberg ○ Title:Head of Office ○ Participating Organization (Lead): Resident Coordinator's Office ○ Email address:stine.heiselberg@un.org

[5] The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY

[6] As per approval of the original project document by the relevant decision-making body/Steering Committee.

[7] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

NARRATIVE REPORT

EXECUTIVE SUMMARY

The Joint Recovery Action Plan (JRAP) is implemented in response to the 6.4 magnitude earthquake that struck western Nepal in November 2023 and caused widespread destruction and severely impacted vulnerable communities in Jajarkot and Rukum West districts. During the reporting period, the JRAP has advanced critical recovery interventions to support displaced and marginalized populations, including female-headed households, children, persons with disabilities, and ethnic minorities.

The JRAP is considered a Fund's Window to respond to the onset of emergencies in Nepal, as it presents a multi-cluster programming approach. The Steering Committee therefore decided to expand the scope and geographical coverage of the JRAP to enable partners to swiftly mobilize resources and effectively respond to urgent needs with life-saving interventions and to complement the ongoing response and recovery efforts of the government in the areas affected by the floods that hit eastern Nepal in late September 2024.

This report summarizes the progress from May to December 2024, while highlighting the sectoral achievements resulting from cooperation with the government and national and international non-governmental organization (NGO) stakeholders, and the effective engagement with the local communities in the affected areas. This report covers only the response in the earthquake-affected areas in western Nepal.

In light of the pre-existing vulnerability of the affected population to protection risks exacerbated by the earthquake, the **Protection Cluster**, through UNICEF and UNFPA-supported programme activities, expanded the reach of protection initiatives in the earthquake-affected areas of Jajarkot and Rukum West in the recovery phase. Implementation of the recovery phase included: a) Establishing four additional child-friendly spaces (CFSs); b) Identifying vulnerable children and providing emergency services; c) Continuing awareness interventions through radio, print media, and other platforms; d) Deploying counsellors and community-based psychosocial workers to address psychosocial needs; e) Ensuring access to age-appropriate quality multi-sectoral gender-based violence (GBV) services to women and girls; and f) Providing essential and life-saving sexual and reproductive health services through the provision of inter-agency reproductive health (IARH) kits, mobile reproductive health services and emergency assistance to pregnant women and postpartum complications.

The **Nutrition Cluster**, through UNICEF and WFP-supported programme activities, expanded the reach of nutrition programming in the earthquake-affected areas of Jajarkot and Rukum West in the recovery phase. Implementation of the recovery phase included: a) Strengthening infant and young child feeding (IYCF) knowledge and practices of mothers and caregivers; and b) Capacity building of health workers and female community health volunteers (FCHVs). The capacity of health workers and FCHVs through the enhancement of their competencies in IYCF counselling: they were trained and equipped with in-depth knowledge of effective counselling techniques, critical aspects of infant and young child nutrition, and the practical application of this knowledge to support mothers and caregivers. In addition, nutrition mobilizers were deployed across eight local levels of Jajarkot and Rukum West to ensure high-quality counselling support. These counsellors collaborated closely with community health workers and FCHVs to deliver

one-to-one household-level counselling to mothers and caregivers, addressing their specific needs and concerns. Overall, this capacity-building and counselling programme has made significant progress toward empowering health workers and volunteers to champion better nutritional practices, contributing to improved nutrition for infants and young children.

To respond to the nutrition needs and to expand food security support in the affected areas, the **Food Security Cluster** through WFP-supported programme activities, provided food security and nutrition support to households struggling to restore their livelihoods in Jajarkot district and Rukum West district after the November 2023 earthquake. Support has been provided in the form of conditional and unconditional cash transfers, and nutrition cash top-ups. Through the conditional cash transfer, the food assistance for assets (FFA) and food assistance for training (FFT) modalities have mobilized and engaged beneficiaries in the reconstruction/rehabilitation of public infrastructure damaged by the earthquake using a build back better approach for long-term community resilience. Unconditional cash transfers were provided to vulnerable households unable to participate in FFA or FFT modalities, while nutrition cash top-ups were provided to family members of FFA and FFT beneficiaries and unconditional cash recipients who are pregnant and breastfeeding women and girls and children under the age of two.

To support the recovery of water, sanitation, and hygiene (WASH) infrastructure and promote hygiene practices, the **WASH Cluster**, through UNICEF-supported programme activities, prioritized improving WASH services in the earthquake-affected areas. UNICEF provided technical support and capacity building to enhance the capacities of provincial and local governments and cluster coordination mechanisms, in order to ensure there are coordinated preparedness, response and recovery processes on the ground. Seventy-one communities were supported through water schemes, 51 schools were assisted with the repair and reconstruction of WASH facilities, and over 5,000 households were assisted with the repair and reconstruction of damaged toilets and handwashing facilities and provided hygiene education and supplies to promote dignified living and behaviours and thus reduce the risk of waterborne disease outbreaks in 100 vulnerable communities, reaching over 82,000 people.

The **Shelter Cluster** interventions reached the affected population through IOM-supported programme activities including the construction of model houses using compressed stabilized earth bricks (CSEB), some of which are designed with accessibility features. In addition to providing immediate shelter solutions, support was provided to establish CSEB and stone-cutting enterprises, and equipping them with machinery, tools, and training to strengthen local rebuilding capacity. Through targeted community awareness campaigns, training programmes for masons and engineers, and theatre performances, community members were provided with knowledge on safe construction practices, ethical rebuilding standards and the prevention of sexual exploitation and abuse (PSEA).

Given the project's focus on the most vulnerable earthquake-affected populations and the acknowledged heightened risk of sexual exploitation and abuse (SEA) by aid workers, PSEA was a top priority. Demonstrating a firm commitment and accountability to the affected population and community, the Resident Coordinator's Office led and supported all clusters in implementing robust PSEA measures through various interventions utilizing a multi-layered strategy. This strategy emphasized the systemic strengthening of implementing partners, capacity building, collaboration with local government, and comprehensive community engagement across all municipalities.

By fostering community engagement and accountability through complaint and feedback mechanisms (CFMs) and ongoing dialogues, the JRAP ensured a transparent recovery process that aligns with both national disaster strategies and the Sustainable Development Goals (SDGs) focused on poverty reduction, decent work and economic growth, sustainable communities, and climate action. Together, these efforts lay a resilient foundation for sustainable development and preparedness in Nepal's disaster-prone regions.

I. Purpose

The JRAP and Humanitarian Response: Western Nepal Earthquake and the Onset Emergencies Joint Programme focuses on recovery interventions. The programme 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 of the Nepal United Nations Sustainable Development Cooperation Framework (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 involved clusters and United Nations agencies focus on two interconnected areas in order to contribute to the achievement of Outcome 3: a) Promote a healthy, safe, inclusive, clean and green productive environment along with climate change mitigation; and b) strengthen climate change adaptation and resilience through the reduction of vulnerabilities, disaster risk reduction, preparedness and effective response and recovery.

For the earthquake-affected areas, the outcomes, outputs and activities outlined under the JRAP have been developed by the respective clusters and United Nations organizations focusing on key areas of the recovery after the earthquake. The project focuses on supporting livelihoods and the continuation of basic service delivery, and creating enabling environments for long-term recovery and reconstruction of affected communities. The specific areas of intervention are: food security and nutrition (WFP), protection (UNICEF and UNFPA), WASH (UNICEF), nutrition (UNICEF), and shelter (IOM).

The interventions prioritized those people facing compound vulnerabilities including child-headed households, single women, persons with disabilities, ethnic minorities, Dalits, and marginalized families. To ensure that recovery efforts were not only effective but also equitable, safe, and empowering for the most vulnerable people, prioritization of the Accountability to Affected Populations (AAP), gender equality, disability, and social inclusion, PSEA, including mental health, were core, non-negotiable components of recovery interventions.

To create safe recovery environments for vulnerable populations, particularly women and girls, the project adopted PSEA measures across the clusters' interventions. This a) Established systemic strengthening of implementing partners through capacity assessment and provided tailored support through joint workshops and individual agency assistance; b) Provided training and orientation on PSEA to project staff, frontline volunteers and stakeholders, focusing on case identification, reporting and victim support; c) Facilitated workshops with local government representatives, developed a localized action plan and provided support for their implementation; and d) Targeted community-level awareness and outreach activities through theatre, mobile van campaigns, door to door visits, volunteer-led sessions and radio

programmes across all municipalities. By providing communities with reporting numbers and direct access to PSEA focal points and frontline staff, the JRAP ensured that protective measures were in place throughout the recovery effort.

The AAP framework is central to the JRAP's implementation. It ensures that the recovery process is community-driven, with beneficiaries actively involved in decision-making processes. Regular stakeholder meetings and community dialogues facilitated transparent communication between beneficiaries, local governments, and implementing partners to ensure that activities were aligned with the needs and priorities of the affected populations.

The JRAP adopts a gender and social inclusion approach, recognizing that marginalized groups, particularly women, children, and individuals with disabilities, are disproportionately affected by disasters. The programme's focus on gender equity ensures that women are not only recipients of assistance but also active participants in the recovery process.

II. Results

i) Narrative reporting on results:

• Outcomes

The **Protection Cluster** set one outcome to guide the planning process and designing of protection activities of the JRAP Joint Programme.

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.

Four indicators correlate with Outcome 1 to measure the strategic higher level of change achieved by the programme. Progress against the indicators has been as follows:

- In partnership with the Aawaaj and Social Service Centre NGOs, UNICEF established four CFSs in Jajarkot and Rukum West districts. These spaces created safe havens for the children in the targeted communities, which contributed to providing the children protection from violence, abuse, exploitation, and neglect. A package of protection interventions and services was designed to address the children's physical and emotional needs, including recreational activities and psychosocial counselling. This support helped children heal from trauma, build resilience, and continue their development.

- In addition to the immediate relief and protection interventions, the established CFS protection programme laid the foundation for the long-term well-being and development of the children. The collaborative efforts of local government, community members, and trained local human resources ensured that these spaces would continue to benefit children for years to come, including during any future emergencies. Effective referral pathways ensured that children, including those with

disabilities, accessed specialized mental health and other appropriate services. Moreover, community engagement in psychosocial support interventions strengthened community bonds and promoted a sense of collective responsibility.

- Indicator 1.1: Some 3,889 children benefitted from immediate relief and protection services, exceeding the target by 0.58 per cent.

- Indicator 1.2: The expansion of comprehensive psychosocial support in Jajarkot and Rukum West districts, including one-on-one counselling, group healing sessions, and family and community sensitization programmes, resulted in reaching 73.2 per cent of the identified people in need, exceeding the set target by 13.2 per cent.

- In partnership with the Women's Rehabilitation Centre, UNFPA supported strengthening the protection systems for women, adolescent girls, and children by establishing women-friendly spaces (WFSs) in five key locations and operationalizing two one-stop crisis management centres (OCMCs) and two safe houses in Jajarkot and Rukum West. These facilities provided confidential, survivor-centred environments offering legal aid, psychosocial support, case management, and GBV referral services.

- The operational structure of the services enabled the strengthening of formal referral pathways between OCMCs, safe houses, and WFSs, which improved inter-agency cooperation and ensured survivors had seamless access to legal, psychosocial, and health services, thus harmonizing service delivery, closing response gaps, and institutionalizing best practices in survivor support even in remote areas. These efforts contributed to institutionalizing protection mechanisms and strengthening community resilience, ensuring services remain accessible beyond the programme’s duration.

- Indicator 1.3: 298 women and girls (271 women, 27 girls) had access to GBV services within the OCMCs and safe houses, surpassing expectations despite geographic barriers and stigma. Moreover, seven men and boys received tailored GBV response services through the providers attached to the OCMC. The reach exceeded the set target (245 women and girls).

- Indicator 1.4: The programme scaled up life-saving sexual and reproductive health (SRH) services to 970 pregnant women and lactating mothers, ensuring vulnerable populations received timely and appropriate care. The reach exceeded the target of 700.

- To sustain the delivery of essential SRH services and strengthen local health system capacity for long-term impact, UNFPA, in partnership with the Nepal Red Cross Society and Adventist Development and Relief Agency (ADRA), provided local and provincial healthcare providers of Karnali Province with a technical training package.

- Through reproductive health camps, experts provided hands-on training to local health workers to enhance screening, treatment, and prevention efforts to reduce reproductive health-related morbidity and mortality. To maintain the continuity of life-saving care, 11 health facilities, including OCMCs,

in Jajarkot and Rukum West were equipped with IARH kits, while earthquake-damaged birthing centres received urgent support to restore maternal health services.

- Beyond addressing immediate life-threatening conditions, the implemented interventions transformed lives by alleviating chronic pain, reducing isolation, and breaking the stigma that many women silently endure.

- By integrating emergency response with local health systems, a seamless continuum of care is created, ensuring that women and girls continue to access SRH and GBV services long after the project ends. This has laid the foundation for a more resilient, responsive health system, better prepared for future crises.

The **WASH Cluster** set one outcome to guide the planning process and designing WASH activities of the JRAP Joint Programme.

Outcome 1: Basic and community WASH infrastructure (including institutions) and services restored, livelihood of vulnerable earthquake affected people stabilized and their capacities restored.

Four indicators correlate with Outcome 1 to measure the strategic higher level of change achieved by the programme. Progress against the indicators has been as follows:

- Indicator 1.1: The WASH Cluster coordination mechanism is functional at the provincial level, together with ten coordination forums at the local government level for WASH preparedness and response, including the disaster preparedness and response plan and minimum prepositioning of WASH supplies.

- Indicator 1.2: 49 water supply schemes were repaired and 22 were reconstructed, which enabled 42,062 people and 12 schools to have access to safe water supply resources. UNICEF also supported the water user committees with trained village maintenance workers capable of operating and maintaining the water supply system, and provided 35 water supply schemes with an inline chlorine dosing system for safe water.

- Indicator 1.3: 5,312 households were provided with sanitation facilities (2,564 toilets were reconstructed and 2,748 toilets repaired) benefitting 26,742 people.

- Indicator 1.4: 82,070 people participated in hygiene promotion sessions in over 100 communities, ensuring that every household is knowledgeable and can follow basic hygiene practices to avoid potential waterborne diseases. In addition, 10 municipalities were provided with WASH life-saving supplies to enhance their preparedness capacity.

The **Nutrition Cluster** set two outcomes to guide the planning process and designing of nutrition activities of the JRAP Joint Programme.

Outcome 1: Support caregivers/mothers of children aged 0-23 months to adopt recommended infant and young child feeding (IYCF) practices, including both breastfeeding and complementary feeding.
Outcome 2: Strengthen the system for maternal and child nutrition by building the capacity of the workforce to deliver evidence-based interventions through the facility and community-based delivery mechanism.

Two indicators correlate with each outcome (in total four indicators) to measure the strategic higher level of change achieved by the programme. Progress against the indicators has been as follows:

- The existing health system was reinforced to ensure long-term sustainability through the following interventions: strengthening IYCF practices among mothers and caregivers through group counselling during meetings of health mothers groups, one-to-one counselling for mothers, caregivers and family members during home visits, counselling during health facility visits managed by health workers, FCHVs and nutrition mobilizers, and enhancing the capacity of health workers and FCHVs.

- Indicator 1.1: As a direct result of these activities, 8,566 mothers and caregivers (>100 per cent of the target) received IYCF counselling, significantly improving their knowledge and practices.

  Indicator 1.2: Consequently, around 80 per cent of infants aged six months were exclusively breastfed, and some 80 per cent of mothers and caregivers adopted WHO-recommended complementary feeding practices for improved dietary diversity. The integration of cash top-up support further enhanced dietary diversity, contributing to better nutrition outcomes for children in the affected areas.

- Indicator 2.1 and Indicator 2.2: Through targeted capacity-building efforts, 351 health workers (88 per cent of the target) and 273 FCHVs (87 per cent of the target) were trained in nutrition in emergencies, including IYCF counselling. This training enhanced their technical expertise, equipping them with essential skills to support mothers and caregivers in adopting optimal feeding practices during crises. The combined progress of the capacity building (health workers and FCHVs) was 92 per cent (624 out of 680 health workers and FCHVs trained on nutrition in emergency including IYCF).

- In addition, eight nutrition mobilizers were deployed across eight local levels, providing high-quality counselling support and working closely with community health workers and FCHVs to deliver tailored, one-on-one household-level guidance. Overall, this capacity-building and counselling programme has made significant progress toward empowering health workers and volunteers to champion better nutritional practices, contributing to healthier outcomes for infants and young children.

The **Shelter Cluster** set one outcome to guide the planning process and designing of shelter activities of the JRAP Joint Programme.

Outcome 1: Communities are provided with access to shelter assistance packages and socio-technical support to households rebuilding their homes.

Two indicators correlate with Outcome 1 to measure the strategic higher level of change achieved by the programme. Progress against the indicators has been as follows:

- Following the 2023 earthquake, thousands of families in Jajarkot and Rukum West faced challenges in rebuilding homes and livelihoods, lacking technical knowledge, financial support, and safe construction guidance. Local governments also struggled to manage recovery efforts, including the disbursement of shelter assistance. The JRAP shelter component aimed to support immediate recovery and lay the foundation for future reconstruction.

- Indicator 1.1: 38,155 households were reached with socio-technical shelter assistance, exceeding the initial target by 2 per cent. The communities were supported through multiple means including door-to-door technical support, mobile van dedicated campaigns, consultation meetings, capacity building sessions, shelter construction, enterprise setup, awareness programmes among others.

- Indicator 1.2: 19,040 households were reached with extensive direct engagement interventions such as socio-technical facilitation, door-to-door technical support, theatre events, mobile van campaigns, and help desks, which reached a larger audience than anticipated, exceeding the target by 26 per cent.

- The shelter component of the JRAP helped communities rebuild safely by providing technical support, strengthening capacity, transferring skills and knowledge, promoting transparency and strengthening governance. Local governments were trained on the disbursement of shelter assistance and existing communication strengthened to increase accountability. A major challenge was the municipalities' limited capacity to disburse tranches of cash for temporary shelter, which the JRAP activities addressed by training local government staff members in data management, verification, and using the Building Information Platform Against Disaster (BIPAD) portal. To raise awareness about safe construction, the programme introduced the participatory approach for safe shelter awareness (PASSA), educating communities on disaster resilience and sustainable reconstruction.

- To support safe rebuilding, the Joint Programme collaborated with 13 local governments to develop recovery and reconstruction action plans, developing bylaws and disaster preparedness frameworks. The programme also built 26 disaster-resilient model houses for vulnerable families and established 28 green enterprises to supply safe green construction materials and foster local jobs. By bridging local, provincial and federal government efforts, strengthening municipal capacity, and institutionalizing and strengthening the legal framework on safe construction practices, the JRAP ensured that both authorities and communities were better prepared for future disasters.

The **Food Security Cluster** set one outcome to guide the planning process and designing of Food Security activities of the JRAP Joint Programme.

Outcome 1: Support of the population in targeted communities reporting benefits from an enhanced livelihood asset base.

One indicator correlates with Outcome 1 to measure the strategic higher level of change achieved by the programme. Progress against the indicator has been as follows:

- Indicator 1.1: 82.5 per cent of the population in targeted communities reported benefitting from an enhanced livelihood asset base. A higher percentage of community people reported benefits from an enhanced livelihood asset base as WFP built the resilient and sustainable assets with build back better approach and the upgraded/rehabilitated rural roads support the local communities for better livelihoods, employment generation and access to market and basic services.

- The FFA programme delivered income-generating, employment-intensive public works to vulnerable households, focusing on the construction and rehabilitation of productive community assets identified and prioritized by local governments. The FFA programme served two core functions: 1) providing direct cash-based transfers to address the immediate food and other essential needs of the most vulnerable populations, ensuring short-term access to food; and 2) simultaneously building household and community assets that reduce disaster risks, strengthen livelihoods, and enhance long-term resilience.

- Similarly, the FFT initiative aimed at providing short-term skills training to vulnerable communities, equipping them with marketable skills while fostering linkages to entrepreneurship support for long-term sustainability. Through the FFT modality, need-based short-term vocational training in areas such as masonry, electrical wiring, and plumbing was delivered to earthquake-affected individuals from vulnerable households.

- In addition, unconditional cash transfers were provided to vulnerable households and those unable to contribute labour due to the unavailability of family members aged 18-59, who are physically capable of engaging in FFA/FFT activities. The unconditional cash transfers ensured food security and supported livelihood recovery, contributing to social justice, inclusion and leaving no one behind. The assistance provided was equivalent in value to the entitlements received by FFA/FFT participants.

- Beneficiary targeting and selection criteria was jointly developed with the community, prioritizing households highly affected by the earthquake, residing in temporary shelters or damaged homes, households with no or marginal land ownership, households lacking a regular source of income (such as permanent temporary employment, business, or foreign employment) and reliant on daily wages, households with members of working age (18-59 years) who are physically able to work, and households from vulnerable and marginalized communities (including Dalits, Janajatis, and minorities). The criteria, together with the associated processes and mechanisms, were communicated and explained at both the local government and community levels to ensure transparency and inclusivity.

The following is a summary of the results achieved:

- **Food security and nutritional support to vulnerable households**.

Under the strategic outcome focused on "Supporting livelihoods and ensuring the continuation of basic service delivery", WFP delivered food security and nutrition assistance to households in Jajarkot and Rukum West districts struggling to recover their livelihoods following the November 2023 earthquake. This support was provided through a combination of FFA, FFT, unconditional cash transfers, and nutrition cash top-ups. In total, 16,855 households benefited from these interventions, including conditional cash assistance (FFA/FFT) and unconditional cash assistance.

- **Capacity building for communities, partners, and governments.**
  The conditional cash modality has played a transformative role in enhancing the skills of beneficiaries engaged in the rehabilitation of public assets and skill-based training programmes. The mandatory inclusion of women in leadership positions has further strengthened their confidence and participation in non-traditional employment opportunities, promoting gender equality and empowerment. Through pre-construction and on-the-job training, the programme has provided beneficiaries with essential construction skills, improving both the quality of infrastructure work and their employability in the construction sector. The on-the-job training component offered practical, hands-on experience, enabling beneficiaries to refine their skills in real-world construction settings. This approach has successfully transferred technical knowledge and expertise to previously unskilled workers, equipping them for future employment opportunities in infrastructure development.

  Given that over 70 per cent of annual budgets allocated by local governments are dedicated to infrastructure development based on empirical evidence, skilled beneficiaries are increasingly in demand to support construction projects implemented by local governments and other development partners. The programme has also enhanced the capacity of local governments to manage large-scale infrastructure projects, resulting in improved planning and more effective modalities for infrastructure cycle management. Furthermore, beneficiaries of the FFA programme were connected with various stakeholders, creating opportunities for sustained employment and active participation in ongoing reconstruction activities.

- **Improved access to basic services and markets.**
  The programme has successfully established safer and more reliable access routes to schools and health centres, significantly reducing travel time for communities and enhancing their access to essential services and markets. The reduction in transportation costs for goods and services has made them more affordable and accessible to vulnerable populations, thereby improving their overall well-being. Furthermore, the enhanced connectivity has expanded employment and livelihood opportunities by linking communities to broader job markets and economic activities, fostering greater economic resilience and social inclusion.

- **Contribution to resilience building and build back better.**
  The rehabilitated infrastructure schemes have significantly enhanced community resilience by generating employment opportunities for marginalized populations. These road rehabilitation and reconstruction projects integrate 'green' conservation practices with 'grey' engineering techniques, ensuring long-term environmental sustainability and mitigating risks associated with future climate-related hazards.

In line with the build back better approach, the response to the earthquake has been leveraged as an opportunity to foster a more resilient society. WFP has prioritized the development of resilient, inclusive, and environmentally sustainable infrastructure by adhering to national standards, incorporating hazard-control measures, optimizing designs to meet community needs, conducting thorough geological assessments, and utilizing earthquake-resistant materials. By embedding disaster risk reduction principles into development initiatives, these efforts have also strengthened community resilience and preparedness for future disasters.

- **Ensuring financial inclusion, transparency, and protection through digital payments.** The programme has significantly promoted the financial inclusion of unbanked women and marginalized groups by mandating wage payments through bank accounts. This approach has reduced labour exploitation by ensuring guaranteed payment of entitled wages based on the bill of quantities, volume of work completed, and attendance records. Similarly, unconditional cash transfers and nutrition cash top-ups were disbursed to beneficiaries through digital systems and bank accounts, further enhancing financial inclusion.

  To ensure transparency and safeguard beneficiaries' dignity, no NGOs, WFP staff, or user committees are involved in direct cash payments. The entire transaction process is managed through the SCOPE[8] system, which eliminates direct communication between financial service providers, NGOs, user committees, and beneficiaries. This digital mechanism has effectively minimized risks of manipulation, corruption, fraud, and sexual and gender-based violence while promoting accountability and trust in the delivery of assistance.

• Outputs

The **Protection Cluster** set four outputs with a number of indicators used to measure the achieved results during the reporting period:
Output 1.1: Child protection systems are functional and strengthened to prevent and respond to violence, exploitation, abuse, neglect, and harmful practices.
Output 1.2: Women and girls at risk and survivors of gender-based violence (GBV) have access to age-appropriate quality and multi-sectoral GBV services.
Output 1.3: Psychosocial needs of affected and vulnerable population identified, and response provided through coordinated community-based psychosocial services including referral for specialized services.
Output 1.4: Women and adolescent girls accessing uninterrupted sexual and reproductive health services.

- To ensure that the most vulnerable children and families, such as those with disabilities and child-headed households, are not left behind in recovery efforts, a comprehensive vulnerability assessment was conducted across seven earthquake-affected municipalities (Barekot, Bheri, Kuse, Nalagad, Aathabiskot, Chaurjahari, and Sani Bheri) in the Jajarkot and Rukum West districts.

[8] WFP's beneficiary information and transfer management platform.

- The assessment aimed to identify and address the protection risks and needs of children, ensuring their safety and well-being. A total of 74,598 children and adolescents from 31,758 households were assessed with the support of 30 trained volunteers. These assessments were closely coordinated with local governments ensuring that the process was well-integrated with local governance structures. A standardized tool, based on an updated scoring system that considered factors such as disability, socioeconomic status, and access to services, was used.

- Indicator 1.1.1: Based on the vulnerability assessments, 2,518 vulnerable children (1,283 girls, 1235 boys, 69 persons with disabilities and their families were identified and provided with assistance through a comprehensive case management process. The reach slightly exceeded the set target (2,500 vulnerable children).

- The assistance included: a) Food to help address immediate hunger and nutritional deficiencies, which are critical for the healthy development of children; b) Educational materials such as books, stationery, and uniforms to help children continue their education despite the disruptions caused by disaster; c) Access to medical care to address health issues resulting from the disaster to ensure the well-being of children and their families; d) Transportation support to ensure that children and their families could access essential services such as healthcare, education, and markets. This was particularly important considering the remoteness of the affected areas with limited transportation options; and e) Livelihood support to promote sustainable income and reduce dependency on aid and help families become self-sufficient.

- Indicator 1.1.2: CFSs were established in four municipalities of Jajarkot and Rukum West, benefiting 279 children (152 girls, 127 boys). These spaces provided a safe and structured environment where children were engaged in recreational activities, received psychosocial support, and participated in group discussions. The reach exceeded the set target (219 children).

- The CFSs contributed to addressing the immediate needs of the children, as well as their long-term development. Regular interaction with peers and caring adults helped restore a sense of normalcy in their lives while reinforcing important life skills.

- This structured support system played a crucial role in helping these children rebuild their confidence and resilience, enabling them to face future challenges with greater strength and optimism. Additionally, these CFSs allowed parents and caregivers to focus on rebuilding their lives without worrying about the safety and care of their children.

- Indicator 1.1.3: Some 92,493 individuals were reached with messages about protection risks through five local FM radio stations, and the initial targets were exceeded, significantly expanding community awareness and reinforcing protective behaviours to a larger audience. The messages addressed risks related to GBV, child marriage, child labour, and PSEA. Moreover, 1,574 people were reached through community sensitization programmes with a focus on protection risks as per the radio messages as well as available services.

- A total of 564 officials from ward-level child rights committees and health facilities were trained on child protection information management system (CPIMS) including case management and

referrals. Following the training, a total of 1,402 cases have been entered in the CPIMS system. This centralized database has enhanced case management, ensuring consistent, confidential, and comprehensive service delivery to victims/survivors of violence, abuse and exploitation and their families. Currently, the CPIMS is owned by the seven local governments, which ensures sustainability, uniformity and confidentiality of sensitive data.

- Indicator 1.2.1: 305 women and girls, men and boys (271 women, 27 girls, 7 men), including 8 persons with disabilities received timely and comprehensive GBV response services including psychosocial support, case management, legal and medical support by trained staff alongside referrals for secondary services. The OCMC and safe houses were provided with critical staff and operational support together with relevant training to ensure the continuity of survivor-centred care. The reach exceeded the set target (200 people).

- Indicator 1.2.2: 2,046 women and girls affected by GBV, displacement, and economic hardship, received 115 dignity kits and 125 Kishori kits. 200 winterization kits were provided to pregnant women, lactating mothers, and single women from extremely poor and marginalized backgrounds, ensuring protection from harsh winter conditions. In addition, 15 IARH kits were provided to 11 health centres to facilitate the clinical management of rape services, safe motherhood, and treatment for cervical and vaginal tears, reaching over 1,606 individuals in need. The reach exceeded the set target (1,100).

- Indicator 1.2.3: Five WFSs were established in the affected areas, providing psychosocial support, legal aid, case management services and referrals to secondary services to 3,448 women and girls including 73 persons with disabilities providing an environment where they can feel safe, access information and support, participate in activities, build their networks and strengthen relationships with each other. The reach exceeded the set target (1,467 women and girls).

- A total of 556 men and boys within the community were also able to benefit from psychosocial related support through the mobile counsellors of the WFSs.

- To contribute to their economic empowerment, 50 women were engaged in livelihood and skills training to enhance financial independence and reduce their vulnerability to hardships including GBV. To ensure survivor-centred care, the project also supported the capacity development of relevant stakeholders through trainings and the establishment of a WFS management committee comprising the deputy mayor, health facility leads, and GBV focal persons to ensure the smooth operating of the WFSs and local government ownership of the activities beyond the project period.

- Indicator 1.2.4: The project implemented targeted awareness-raising initiatives within local communities by mobilizing community protection social workers, FCHVs, schoolteachers, and trained youth volunteers. These actors engaged 15,837 community members including 397 persons with disabilities on critical topics, including GBV prevention and response, referral pathways, sexual and reproductive health and rights (SRHR), and the availability of essential services points such as OCMCs, WFSs, safe spaces, and SRH mobile camps. Through trained youth volunteers, young people received comprehensive sexuality education, awareness on PSEA, and broader protection mechanisms. In addition, 1,100 men and boys including 17 persons with disabilities were

reached through tailored engagement which focused on SRHR, GBV prevention and response, fostering inclusive community participation.

- Mass awareness campaigns were conducted through FM radio broadcasts, community events, and public sensitization programmes, reaching over 200,000 people with key messages on PSEA, SRHR, and GBV.

- Some 59 service providers were trained on the minimum standard for GBV in emergencies, equipping participants with knowledge on GBV frameworks, prevention and response, GBV referral pathways and PSEA to improve GBV response and survivor support mechanisms. Meetings were also conducted at the municipal level to strengthen local coordination mechanisms for protection.

- A total of 2,136 individuals received psychological support, with 461 (209 girls, 63 boys, 157 women, 32 men, and 13 persons with disabilities) benefiting from one-on-one counselling services that significantly improved their mental health and emotional well-being. Among them, 82 received immediate, tailored support to prevent further psychological distress. A further 214 people (139 girls, 62 boys, and 13 women) participated in seven group healing sessions, enhancing self-awareness and fostering positive coping behaviours. School-based group psychosocial counselling was provided to 353 individuals (263 girls, 83 boys, 6 women, and 1 man), helping them to manage stress and emotional challenges. Furthermore, 1,108 families with children with disabilities (291 girls, 257 boys, 292 women, 268 men, and 292 persons with disabilities) received family counselling that reduced caregiver stress and improved family dynamics. These families also received specialized psychiatric treatment and assistive devices, promoting the mobility, self-efficacy, and dignity of children and adolescents with disabilities.

- Indicator 1.3.2: 16,087 children, adolescents, and community members (3,479 girls, 2,670 boys, 7,110 women over 18 years old, 2,828 men over 18 years old) were sensitized on psychosocial well-being and the importance of help-seeking behaviours, contributing to increased access to counselling and support services. The reach exceeded the set target (15,000 individuals).

- Training was provided to 534 service providers, including community-based psychosocial workers, on various aspects of psychosocial support, including basic psychosocial support, identifying symptoms of distress and referral to counsellors, post-traumatic stress disorders, trauma-informed care, and the mental health and psychosocial support needs of persons with disabilities. These trainings equipped them to provide quality services. A further 358 service providers received stress management training to prevent secondary traumatization due to continuous exposure to stress.

- To ensure the sustainability of psychosocial interventions, successful advocacy was conducted with seven municipalities to include psychosocial needs, including those of persons with disabilities, in their plans and budgets. These advocacy efforts also led to the establishment of counselling centres in four municipalities.

  These positive results have contributed to improving the lives of the most marginalized individuals, including children and adolescents, fostering resilience, inclusion and psychosocial well-being.

- Indicator 1.4.1: 28 SRH outreach camps were established, delivering life-saving reproductive health services to 8,630 women, girls, men and boys (8,085 female, 545 male including 16 persons with disabilities), including antenatal care, postnatal care, family planning, fistula screening and cervical cancer screening.

- A total of 6,453 women were screened for pelvic organ prolapse, with 166 women receiving immediate treatment through ring pessary insertions, 70 women with third degree uterine prolapse underwent surgery and 158 women were referred for surgery. A total of 3,410 women underwent cervical cancer screenings, with 566 cases testing positive, requiring further diagnosis and intervention. In addition, 970 pregnant and postnatal women received cash assistance via digital transfer to support access to medical care, transportation, and their nutritional needs. Support was also provided to three birthing centres, enhancing service availability for safe deliveries and comprehensive maternal care. The significant overachievement in SRH service provision was due to high demand following the disaster and the effective deployment of mobile SRH camps in remote areas.

- These interventions not only addressed immediate needs but also reinforced local health systems, ensuring the sustained availability of essential maternal and reproductive health services long after the project's completion. Twenty-two IARH kits were distributed to health centres to support safe deliveries, miscarriage and abortion management, family planning, and the treatment of sexually transmitted infections and HIV. As a result, 22,399 individuals (3,383 women and 19,016 men) received lifesaving SRH services, reinforcing the health facilities' ability to provide timely, essential care and protect the reproductive rights and well-being of vulnerable communities.

- A total of 51 healthcare providers (31 female, 20 male) received specialized training in minimum initial service package, enhancing their capacity to deliver life-saving sexual and reproductive health services in emergencies including clinical management of rape, family planning, maternal and newborn health, and GBV response, ensuring the integration and sustainability of essential SRH services during crises and beyond.

FLOOD RESPONSE:

From 26 to 28 September 2024, Nepal experienced continuous heavy rainfall, resulting in widespread flooding and landslides, particularly impacting the Koshi, Madhesh, and Bagmati provinces. These relentless downpours caused significant disruption, affecting communities, infrastructure, and essential services, including protection measures. Women and children were at heightened risk of protection violations such as GBV and child protection issues. Given these protection risks, UNICEF and UNFPA, in close collaboration and coordination with the local governments of Mahankal, Bagmati, and Konjyosom in Lalitpur District, together with partner organizations (Transcultural Psychosocial Organization, CWIN and the Women's Rehabilitation Centre) provided protection response to address and mitigate the various protection challenges faced by women and children in these areas. The results are as follows:

- **Child-friendly spaces**

Eight CFSs were established in the flood and landslide-affected areas of Mahankal, Bagmati, and Konjyosom in Lalitpur District benefiting 367 children (177 girls, 190 boys). These have served as safe, structured environments where children can participate in recreational activities, receive psychosocial healing sessions, and engage in group sessions aimed at restoring a sense of normalcy after the disruptions caused by floods and landslides. These CFSs also allowed parents and caregivers to focus on rebuilding their lives without having to worry about the safety and care of their children.

- **Psychosocial support**
  The trained teachers, community-based psychosocial workers, and counsellors identified children and families experiencing psychosocial distress. They provided comprehensive psychosocial support to enhance their well-being and equip families with effective coping strategies. This support encompassed psychological first aid, group healing sessions, one-on-one counselling, and referrals for specialized mental health services. These efforts have significantly benefited 2,041 individuals (512 girls, 444 boys, 636 women over 18 years old, 449 men over 18 years old, 29 persons with disabilities), including children, by promoting resilience and psychological well-being within the affected communities. The mobilization of psychosocial counsellors in health camps organized by the District Public Health Office in Lalitpur had a significant impact. They provided mental health screenings, psychosocial counselling, and raised awareness about stress management and positive coping mechanisms, contributing to improved mental and psychosocial well-being in the community.

- **Winterization kits**
  Following the flood and landslide in Bagmati Province, the onset of winter posed additional challenges for the affected population. In response to the immediate needs of women, including pregnant and lactating mothers, as part of the programme intervention UNFPA distributed winterization kits to 400 women and girls. This intervention aimed to support those living in makeshift shelters after losing their homes, helping them cope with the harsh winter conditions while recovering from the disaster.

- **Emergency assistance to women and gender-based survivors including psychosocial support**
  To provide emergency assistance to women and survivors of GBV, UNFPA established three counselling centres offering legal, psychosocial, referral, and cash assistance support. This support was particularly aimed at women, including GBV survivors affected by the floods, enabling them to access emergency services and better cope with the crisis.

  Community protection social workers were mobilized through these counselling centres and engaged with school students and community members through outreach activities. These efforts focused on disseminating information about available GBV services, raising awareness, and facilitating access to referral mechanisms. As a result of this intervention, 2,670 of the most vulnerable individuals received various GBV-related services. This included 283 girls, 119 boys, 1,908 women, and 360 men, ensuring comprehensive support across different segments of the affected population.

The **WASH Cluster** set four outputs with a number of indicators used to measure the achieved results during the reporting period:
Output 1.1: Effective leadership and coordination for WASH sector recovery and reconstruction is ensured.
Output 1.2: Safe drinking water to affected families, communities/institutions is provided.
Output 1.3: Basic sanitation to affected families communities/institutions is provided.
Output 1.4: Hygiene education and essential WASH supplies are provided for the promotion of hygiene behaviours and prevention of outbreaks.

- Indicator 1.1.1: At the provincial level, prior to the earthquake UNICEF supported Karnali Province in conducting a preparedness exercise that gave the WASH Cluster a critical advantage, enabling swift action and immediate coordination for disaster response.

- At the local level, not all local governments were adequately prepared to respond to the disaster. Therefore, through the JRAP Joint Programme, in addition to the provincial government, UNICEF supported 10 local governments in improving preparedness planning. This was undertaken through capacity building on WASH in emergencies and contingency plan development. A specialized training was provided to 749 provincial and local government officials on WASH in emergencies, as well as on developing disaster preparedness and response planning and WASH contingency planning, with a particular focus on WASH focal persons. A further 12 participants from 6 CSO partners (6 female, 6 male) received training to strengthen their roles in emergency preparedness and response. Through this initiative, the project supported the review and updating of the provincial WASH contingency plan, and the monsoon preparedness and response plan. This was followed by the development of WASH contingency plans for 10 local governments and further development of municipal-level disaster preparedness and response plans. The 10 municipalities now have their completed plans that can be used for unforeseen events in the future. The target of this indicator was achieved.

- Indicator 1.2.1: UNICEF repaired 49 water supply schemes benefitting 17,656 people (9,037 female, 8,619 male, 186 persons with disabilities) and re-construct 22 water supply schemes benefitting 9,406 people (4,795 female, 4,611 male, 96 persons with disabilities). Prior to the intervention and in a pre-earthquake situation, most communities relied on unprotected water sources, and the water supply systems had very basic infrastructure that could not guarantee continuous and safe water to the community. Based on the agreement with local governments and user committees, within the set criteria for selection of repair and maintenance, the activities started with the reformation/formation and registration of 71 water supply schemes and water and sanitation users committees.

- Parallel to this process, a technical assessment was conducted for all 71 water supply scheme, including source assessment, design, cost estimates and agreements on the type of repair and maintenance work.

- The recovery support ensured that water is available throughout the year in every water supply system and protected from possible contamination and other hazards. This also included ensuring that every household has a tap on their premises with a robust distribution system, which is also the national target for achieving SDG Goal 6. As part of ensuring a safe and functional water supply, the

water user committees, which were formed/reformed, were trained (950 including 366 females) on climate resilient water safety plans, water quality testing, operation and maintenance, and provide with other essential knowledge regarding the governance functions of the user committee. Furthermore, 139 (including 29 females) village maintenance workers were trained in the basic operation and maintenance of the water supply system, ensuring continued and safe water supply to every water supply scheme.

- The project also installed inline chlorination systems and auto-dosing systems in 35 water supply systems, as well as lime removal devices in six water supply schemes that had with lime deposits in the water systems. Insurance coverage for water supply systems was introduced in 25 water supply schemes as a model to ensure immediate support for future unforeseen events that may affect the schemes. In addition, all 10 municipalities and six partners were trained in water quality testing and the use of water test kits. The project provided water test kits to all 10 local governments enabling them to develop a water quality monitoring mechanism and conduct ongoing water quality testing for all the water supply systems within their municipalities. In line with national goals for the provision of safe water, all the water supply systems were integrated into the national information platform (NWASH), ensuring they are recognized and accounted for. To ensure sustainability and accountability at the local level, the project leveraged resources from local governments to reconstruct water supply schemes worth NPR11.6 million (USD 85.000). This support also included a tripartite agreement between the water user committee, the ward, and the municipality to ensure accountability for the continued provision of water supply services to the affected communities.

- Indicator 1.3.1: Together with damage to the households and institutions, many sanitation facilities were also damaged, raising concerns about increased open defaecation in the community that could trigger the outbreak of waterborne diseases in the affected areas. To address this concern, the project aimed to support 3,000 households in 100 communities by repairing or reinstating partially damaged toilet facilities, together with providing basic hygiene facilities for handwashing. The selection of households that required repair and maintenance was conducted in consultation with local governments and communities together with verification of damage reported for selected households. The project also developed technical designs for household toilets using largely local materials that were acceptable to individual households.

  To ensure that the communities had the skilled manpower to provide this support and for future services the project conducted training in masonry to build safer/earthquake-resilient structures, including toilets. A totalof 166 local masons (including 18 females) were trained in masonry by the project to support households to repair their sanitation facilities. To ensure that all households rebuild their sanitation facilities and to avoid open defaecation the project mobilized local resource persons, natural leaders, and water user committees for the promotion of sanitation and hygiene. A total of 2,564 toilets were reconstructed benefitting 12,192 people (6,271 female, 5,921 male) and a further 2,748 toilets were repaired benefitting 13,610 people (6,974 female, 6,636 male). Of this, a total of 16 disability-friendly toilets were also reconstructed providing comfort to persons with different kinds of disabilities in the community. In addition, the project was able to provide 51 schools with WASH facilities benefiting 14,814 students (7,791 female, 7,023 male) supporting the continuity of education for school children.

- Indicator 1.4.1: With Jajarkot and Rukum being the epicentres of previous major outbreaks of diarrhoea, cholera, and other health-related diseases related to poor hygiene practices for many years, hygiene education and promotion became one of the key interventions of the project to avoid such incidences during the project period and in future. The project aimed to reach over 25,000 households through various hygiene education and promotion activities. To initiate this work, 100 highly vulnerable communities were selected in consultation with local governments and communities where door-to-door visits, community interaction programmes, citizen- and youth-led water quality testing, risk mapping and planning for risk mitigation were conducted. To conduct these activities, 150 local resource persons were trained on various aspects of WASH promotion and education. With their mobilization, the project was able to conduct hygiene promotion campaigns in 100 communities across 10 municipalities reaching a total of 42,070 (21,587 female, 20,483 male) beneficiaries through direct interventions at household and community levels.

- Supplementing the hygiene promotion and further support on preparedness for response, the project provided basic prepositioned WASH supplies to 10 municipalities, targeting 3,000 households. These supplies included hygiene kits, buckets, mugs and water purifiers. Given the devastation in the communities, the upcoming monsoon, and potential unforeseen events, this package of supplies supported municipalities to prepare better and have a minimum amount of supplies at hand that would be needed for an immediate lifesaving response to a future emergency. This is in addition to the preparedness planning that the project supported. One thousand presence/absence vials were also provided for water quality testing and to trigger alerts regarding safe water and hygiene practices in households and communities. Toolkits were provided to all 71 user committees in the targeted municipalities, including free residual chlorine test kits to ensure long-term and sustained support for safe water provision and quality assurance of water supply systems. The project also provided 10 water quality field test kits to 10 municipalities to help ensure long-term and sustained provision of safe water and quality assurance of the water supply systems. To ensure their effective use, focal persons in municipalities and selected personnel from water user committees were oriented on how to use the water quality test kits.

The **Nutrition Cluster** set two outputs with a number of indicators used to measure the achieved results during the reporting period:

Output 1.1: Caregivers of children aged 0-23 months are supported to adopt recommended infant and young child feeding (IYCF) practices, including both breastfeeding and complementary feeding.

Output 2.1: Community health workers and female community health volunteers trained to improve the quality and coverage of IYCF practices.

- Under output 1, in partnership with the Government of Nepal, Mercy Corps and the Hilly Region Development Campaign (HRDC), UNICEF conducted: a) Counselling for promoting, protecting, and supporting breastfeeding within the first one hour after birth, exclusive breastfeeding for six months and the continuation of breastfeeding for two years and beyond; and b) Counselling for the introduction of age-appropriate complementary food, particularly linking it with the use of cash transfers to improve the consumption of nutritious food.

- To ensure that the most vulnerable women and children are supported for promoting, protecting and supporting breastfeeding (early initiation, exclusive and extended breastfeeding) and the introduction of age-appropriate complementary feeding linking with the use of cash transfer to improve the consumption of nutritious food, UNICEF played a pivotal role in expanding nutrition programmes in Jajarkot and Rukum West to support recovery efforts. By strengthening IYCF practices among mothers and caregivers and enhancing the capacity of health workers and FCHVs, the initiative aimed to improve child nutrition outcomes. Implemented in collaboration with Mercy Corps and HRDC, and closely coordinated with federal, provincial, and local governments, the interventions reinforced the existing health system and service delivery platforms (health mothers groups, home visits, health facilities) to ensure long-term sustainability.

- Indicator 1.1.1: Through targeted capacity-building efforts and counselling services, the following has been achieved:

- A total of 8,566 mothers and caregivers (>100 per cent of the target) received IYCF counselling, significantly improving their knowledge and practices. Consequently, around 80 per cent of infants aged 6 months were exclusively breastfed, and around 80 per cent of mothers and caregivers adopted WHO recommended complementary feeding practices, particularly dietary diversity. The integration of cash top-up support further enhanced dietary diversity, contributing to better nutrition outcomes for children in the affected areas.

- Some 351 health workers (88 per cent of the target) and 273 FCHVs (87 per cent of the target) were trained in nutrition in emergencies, including IYCF counselling. This training enhanced their technical expertise, equipping them with essential skills to support mothers and caregivers in adopting optimal feeding practices during crises.

- Eight nutrition mobilizers were deployed across eight local levels, providing high-quality counselling support and working closely with community health workers and FCHVs to deliver tailored, one-on-one household-level guidance.

- Under output 1, in partnership with the Government of Nepal, Mercy Corps and HRDC, UNICEF conducted: a) Capacity building of health workers for maternal and child nutrition to deliver quality nutrition education and counselling in health facilities, communities, and households; and b) Capacity building of the FCHVs for maternal and child nutrition to deliver quality nutrition education and counselling in health facilities, communities, and households.

- To deliver quality nutrition education and IYCF counselling in health facilities, communities, and households, capacity building trainings were organized in all eight local levels of Jajarkot and Rukum West to build the capacity of the health workers and FCHVs. Implemented in collaboration with Mercy Corps and HRDC, and closely coordinated with federal, provincial, and local governments, the interventions reinforced the existing health system and service delivery platforms (health mothers groups, home visits, health facilities) to ensure long-term sustainability.

- Through comprehensive training programmes, 351 health workers (88 per cent of the target) and 273 FCHVs (87 per cent of the target) were trained in nutrition in emergencies, including IYCF

counselling. This training enhanced their technical expertise, equipping them with essential skills to support mothers and caregivers in adopting optimal feeding practices during crises.

- Eight nutrition mobilizers were deployed across eight local levels, providing high-quality counselling support and working closely with community health workers and FCHVs to deliver tailored, one-on-one household-level guidance.

  Overall, this capacity-building and counselling programme has made significant progress towards empowering health workers and volunteers to champion better nutritional practices, contributing to healthier outcomes for infants and young children.

The **Shelter Cluster** set three outputs with a number of indicators used to measure the achieved results during the reporting period:
Output 1.1: Affected communities have increased capacity and awareness on building back better techniques through the provision of socio-technical support. **Output 1.2: Affected Communities Have Improved Access to Shelter Assistance Materials.**
Output 1.3: An accountable, transparent and two-way communication channel on recovery and reconstruction for the affected community is established and strengthened.

- Output 1.1: Enhanced local capacity through training, technical support, and improved shelter assistance processes. Local staff were trained in cash tranche disbursement, data management, and use of the BIPAD portal, ensuring efficient recovery. Door-to-door facilitation, mobile campaigns, theatre events, and information, education and communication materials promoted safe construction, PSEA, and CFMs. PASSA sessions trained communities in earthquake-resistant rebuilding. IOM engineers promoted green, disaster-resilient materials such as CSEB. The collaboration led to key policy developments, including recovery plans, building bylaws, local disaster and climate resilience frameworks, disaster preparedness and response plans, and green technology guidelines.

  - **Key achievements:**
    Data management: 8,464 data entries were verified, 5,379 for the first tranche of cash and 6,469 for the second tranche, 1,059 documents were digitized in the BIPAD portal to ensure accurate shelter assistance records, and 614 files were collected from the wards.

    Community engagement: 46 PASSA sessions were conducted for 1,324 participants on disaster-resilient construction. This result is linked to indicator 1.1.2 , where the set target was 25 trainings, while a total of 46 PASSA training sessions were conducted, including seven PASSA training of trainers sessions, followed by 39 PASSA rollout sessions at the community level.

    Awareness and policy development: 13 information, education and communication materials were developed and distributed, and multiple policy documents developed, including one recovery and reconstruction action plan, five building bylaws, one disaster preparedness and response plan, one local disaster and climate resilience framework, and 13 green technology-based enterprise operational guidelines. This result is linked to indicator 1.1.1, where the set target is four standard tools, while the programme provided a total of 33 policy documents as mentioned.

- **Implementation mechanism:**
  Data verification and entry: Staff from 13 local governments were trained to verify and enter shelter assistance data into the BIPAD portal for both tranches of cash.

  Management information system support: Technical assistance was provided for accurate data entry, management, and monitoring of shelter disbursements.

  Local government and community involvement: Training for municipal staff, volunteers, and community representatives was conducted on the disbursement process. Local volunteers were assisted in data collection and verification.

  PASSA integration: Communities were engaged in recovery efforts, fostering ownership and addressing local needs.

  Policy development: Collaboration was supported across government levels for policy endorsement at the local level.

- **Key partnerships:**
  IOM provided technical oversight, training, and data management support, ensuring coordination between local and federal authorities for shelter disbursement.

  The National Disaster Risk Reduction and Management Authority (NDRRMA) monitored cash tranche distribution for shelter, resolved system glitches through government meetings, and conducted orientations for 13 municipalities.

  The Department of Urban Development and Building Construction (DUDBC) endorsed policy documents, including information, education and communication on safe construction, preserving knowledge of future reconstruction.

  Local governments and volunteers facilitated data entry, verification, and collection for efficient shelter assistance distribution.

  Partnerships with the National Housing and Settlements Resilience Platform and Nepal Red Cross Society helped coordinate across government levels and expand community outreach.

- Output 1.2: The project built 26 earthquake-resistant model houses using CSEB and stone masonry, providing safe shelters and demonstrating resilient construction techniques. A total of 28 green enterprises were established for CSEB production and stone-cutting, creating 100 local jobs and ensuring a sustainable supply of eco-friendly building materials. Aligned with national and local development plans, the project supported green technology, enterprise development, and economic empowerment. By integrating sustainable practices into recovery efforts, it strengthened long-term community resilience and promoted locally driven reconstruction.

  - **Key achievements:**

Indicator 1.2.1: 710 local masons were trained, including 157 local masons (28 female, 129 male) on earthquake-resistant technologies in facilitation of the DUDBC and 553 local masons (117 female, 436 male) who received a two-day orientation on using CSEB interlocking technology. This exceeded the initial target by 42 per cent.

Indicator 1.2.2: 64 municipal engineers/sub-engineers (5 female, 59 male) participated in six training sessions on various topics. Since the participants of the training sessions were from the same pool, the maximum number of participants has been considered to calculate the total number of trained engineers and to avoid double counting of direct beneficiaries.

Twenty-six model houses were constructed (24 using CSEB and 2 using stone masonry) for vulnerable households, demonstrating earthquake-resistant construction and promoting safe building techniques. Approximately 34 per cent of the model houses are women-led households and 38 per cent of the model house owners are persons with disabilities. Model houses were designed to be inclusive, with features such as rainwater collection, lightning protection, and accessibility for persons with disabilities.

Twenty-eight green enterprises were established (15 using CSEB production and 13 stone-cutting), providing local employment for 100 local people and sustainable materials for reconstruction.

Calibration testing machines were provided to 13 municipalities to maintain CSEB quality. Entrepreneurial training equipped local entrepreneurs with the skills to manage CSEB production units and stone-cutting enterprises, ensuring the long-term sustainability of local material production and support the future reconstruction process.

- **Implementation mechanism:**
  Model house construction: 26 earthquake-resistant houses were built using CSEB and stone masonry, prioritizing vulnerable households through close coordination with local governments to ensure a fair and need-based selection process. All houses were constructed in compliance with national building codes.

  Green enterprise development: 28 green enterprises for CSEB and stone-cutting were established and strengthened, selecting entrepreneurs through a transparent municipal-led process to ensure sustainability and local ownership.

  Capacity building:
  - Trained 157 masons in earthquake-resistant construction; 553 received CSEB training.
  - Distributed 515 toolkits to trained masons.
  - Trained 64 local engineers on safe construction, GRID principles, and seismic design.
  - Conducted training of trainers for 61 engineers**,** ensuring knowledge transfer for future recovery efforts.

  Community engagement: Workshops and door-to-door campaigns were held to promote safe construction and green technologies.

- **Key partnerships:**
  IOM led the implementation of model house construction and a green enterprise setup, with Community Impact Nepal as an implementing partner responsible for specific technical and operational tasks.

  The DUDBC ensured compliance with building codes and supported portable model development for local resource use. Municipalities selected beneficiaries and implemented a public-private partnership model to sustain enterprises.

- Output 1.3: The project established transparent communication channels to engage affected communities in recovery efforts. A two-way CFM, including hotlines and help desks, ensured beneficiaries could voice concerns. Awareness campaigns on safe reconstruction, PSEA, and shelter practices used door-to-door outreach, radio, television, theatre, and mobile vans, prioritizing vulnerable groups.

  - **Key achievements:**
    Indicator 1.3.1: 20,071 direct individuals were reached. The community members were engaged through PSEA orientations, AAP meetings, theatre events, mobile van campaigns and dedicated CFM hotline numbers, exceeding the initial target of 3,100.

    Indicator 1.3.2: 34,178 households were reached with awareness messages. The high overachievement results from extensive direct engagement efforts such as socio-technical facilitation, door-to-door technical support, theatre events, mobile van campaigns, and promotion of earthquake-resistant building through volunteers, which reached a larger-than-anticipated audience exceeding the initial target of 31,000 households.

    Forty-five cases were addressed via CFM hotlines and 15 additional queries related to the status of the disbursement of tranches of cash for temporary shelter were redirected. Complaints and feedback included queries on shelter assistance, enterprise development, housing support, and model house selection, together with suggestions for improving training sessions. A total of 312 individuals (from United Nations partners, the project team, implementing partners, service providers/vendors) were trained on PSEA awareness. This included 130 staff of IOM and implementing partners, 33 individuals from various service providers, 72 inter-agency and local government representatives, and 77 municipal officials.

    A total of 10,017 people attended theatre events on PSEA and the CFM, with 2,906 reached via mobile van campaigns. The details of the municipalities' existing CFMs were compiled and shared with communities through volunteers. This helped strengthen the system, increasing community trust and enabling more effective grievance resolution.

  - **Implementation mechanism:**
    CFM: Hotlines' support, theatre events, and media engagement.

PSEA training and awareness: Conducted for local officials, United Nations partners, and service providers. Radio, television broadcasts, theatre events, and mobile van campaigns helped spread information. Information, education and communication materials including leaflets, videos, and audio materials, were designed and disseminated.

- **Key partnerships:**
  IOM developed communication tools in coordination with the NDRRMA, and the Nepal Red Cross Society implementing partner assisted in setting up help desks to reach local community members.

The **Food Security Cluster** set one output with a number of indicators used to measure the achieved results during the reporting period:

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.

- Indicator 1.1.1: 54,785 (50 per cent women, 50 per cent men, 1,301 persons with disabilities) received cash transfers through asset creation/training activities. Under the FFA modality, 9,838 beneficiaries were directly engaged in the rehabilitation of community assets, while 945 beneficiaries received skill-based training (280 hours of a skill training course based on the curriculum approved by the Council for Technical Education and Vocational Training through the FFT programme.) The FFA targets were revised to align with the remaining programme budget, ensuring optimal use of available resources while maintaining programme impact.

- Indicator 1.1.2: Total value of US$3,224,366.67 has been transferred as part of conditional cash assistance to targeted people through FFA/training (cash for work/training).

- Indicator 1.1.3: 476,490 employment days have been created for poor women and socio-economically marginalized groups through FFA/FFT.

- Indicator 1.1.4: 25 assets damaged by the earthquake were built, restored, or maintained by targeted households and communities.

- **Rehabilitation of roads: building resilient, inclusive, and sustainable infrastructure**
  - Local governments spearheaded the selection and prioritization of roads requiring immediate rehabilitation and reconstruction due to earthquake damage. The selected roads were chosen to benefit a significant population, with a particular focus on socio-economically marginalized communities impacted by the disaster. Key interventions under the FFA programme included the rehabilitation of drainage structures to manage runoff water and ensure sustainability, the construction of roadside stabilization structures such as gabions and dry walls, and the integration of ‘grey’ and ‘green’ technologies to promote nature-based, climate-smart, and functional infrastructure. The executive committees of eight local governments identified 25 roads, spanning a total of 110.88 kilometres, for rehabilitation and reconstruction to transform them into all-

weather roads. A total of 40,480 tree saplings were planted along roadsides as part of the build back better approach and green recovery initiative.

- To ensure transparency and accountability, site management facilities were established, featuring information boards displaying project costs, disaggregated data on workers and benefiting households, and grievance-handling mechanisms. Rigorous quality assurance measures were implemented, including the proper use of health and safety equipment by workers, appropriate storage and handling of construction materials, and meticulous record-keeping of materials used, in compliance with the standards specified in the cost estimates.

- The adoption of an improved user committee model - with at least 50 per cent of decision-making roles held by women - has significantly improved construction management practices by fostering greater inclusion of women and marginalized groups. While procurement is managed by cooperating partners, user committees are primarily responsible for community and labour mobilization, as well as material handling. This model has resulted in higher-quality infrastructure through the use of scientific engineering designs, milestone-based inspection checklists, certified non-local construction materials, proper storage and handling of materials, and regular monitoring. It has also fostered greater inclusion of women and marginalized groups in user committees.

- All rehabilitated infrastructure schemes have been formally handed over to local governments, with a commitment to their repair and maintenance as needed. Scheme-specific operation and maintenance committees have been established, supported by comprehensive plans. These committees are tasked with addressing minor repairs and maintenance. Post-construction orientation and training have been provided to committee members, equipping them with essential repair and maintenance skills. Community-level committees have also been formed, and post-construction management training has been conducted to enhance the long-term sustainability and durability of the infrastructure.

- Indicator 1.1.5: Through 25 assets - rural roads under rehabilitation/reconstruction - 22,000 households have benefitted. The programme has improved access to schools, health centres, and markets by establishing safer routes, and reducing travel time and costs. This has enhanced affordability, economic opportunities, and social inclusion for vulnerable communities.

- Indicator 1.1.6: 33,911 individuals receiving unconditional cash transfers including cash-top up for nutrition (29,363 receiving unconditional cash assistance and 4,548 individuals receiving a nutritional top-up), of which 51.2 per cent were women and 711 persons with disabilities.

- WFP distributed unconditional cash transfers to 6,072 households of the initially planned 6,680 households. The discrepancy arose due to identification and verification processes, which confirmed that only 6,072 households across the eight local governments met the pre-defined eligibility criteria for unconditional cash assistance targeting vulnerable households. The unutilized funds were reallocated to conditional cash assistance programmes to maximize resource utilization. Similarly, nutrition cash top-ups were provided to 4,548 beneficiaries, falling

short of the initial target of 8,350. This gap was addressed by increasing the number of beneficiaries and extending the duration of work under the FFA intervention.

- Indicator 1.1.7: A total value of US$2,003,299.392 was transferred as part of unconditional cash assistance to targeted individuals, including cash top-ups for nutrition.

Kavre flood/landslide response

- Between 27 and 28 September 2024, heavy and continuous rainfall triggered widespread damage across 20 districts, with seven districts severely affected. The torrential rains caused extensive flooding, landslides, and road blockages, significantly disrupting transportation, agriculture, livelihoods, and public safety. In Kavrepalanchowk district, 11 out of 13 local governments were declared crisis-stricken areas, with three local governments - Roshi Rural Municipality, Bethanchowk Rural Municipality, and Temal Rural Municipality - being the most severely impacted. Households affected or displaced by the disaster required immediate humanitarian assistance to address their urgent needs.

- WFP provided multipurpose cash assistance to the 1,210 most vulnerable households - those severely affected by floods, facing acute food insecurity, and belonging to the poorest and most socio-economically marginalized communities. This assistance aimed to help them meet their immediate food and other essential needs and support their recovery from food insecurity, preventing further deterioration of their nutritional and livelihood conditions. A one-time cash transfer of NPR15,000 (US$112) was provided to households with fewer than five members, while NPR20,000 (US$150) was provided to households with more than five members aligning with the Government of Nepal's Standard on Rescue and Relief of Disaster-Affected, 2077 (clause 3.2.kha), ensuring standardization and harmonization of cash transfer values across government and humanitarian actors. The cash transfers were implemented in close coordination with District Disaster Management Committees, and District Food Security Cluster of Kavre District and local governments/local disaster management committees.

  WFP, in collaboration with local governments, identified households for cash assistance based on the following criteria: a) Households displaced by floods or landslides, having lost their homes, food stocks, and assets; b) Priority was given to landless or marginal landholders, households dependent on daily wages, and the poorest households; and c) Vulnerable and marginalized households, including Dalits, Janajatis, single-women-led households, households headed by persons with disabilities, and those with elderly members, pregnant or breastfeeding women, malnourished individuals, or chronically ill members.

  To ensure transparency and inclusivity, WFP staff and local government officials organized community mass meetings in the affected areas, attended by community members, local police representatives, the Nepal Red Cross Society, ward offices, and ward/community disaster management committees. Through participatory consultations, discussions, and consensus-based decision-making, a list of eligible beneficiaries was prepared in strict adherence with the defined targeting criteria.

- **Results summary:**

Activities	Unit	Plan	Progress/Achievement
Cash-based transfer - beneficiaries - Kavre Flood Response	Household	1,210	Cash transferred to 1,210 households through bank transfers
Cash-based transfer - beneficiaries - Kavre Flood Response	Individual	6,487	Cash assistance to 6,487 beneficiaries of which 50% are female
Unconditional cash-based transfer - Kavre Flood Response	GBP	118,049.54	GBP118,049.54 distributed to beneficiaries

• Describe any delays in implementation, challenges, lessons learned and best practices:

- **Challenges**

  - **Accessibility**
    - The monsoon season spanning from June to September, which was the core period of damage verification, design estimation and source assurance. This caused significant delays in launching the activities in several communities.

    - Heavy rainfall made access to these areas difficult, hampering the field work including field surveys and transportation of supplies and construction materials.

    - The challenging road conditions and increased risks of landslides also limited the movement of field teams, further slowing progress of planned construction projects. These delays have impacted the timeline for restoring essential services and infrastructure in the affected areas.

  - **Local capacity**
    - All clusters' activities have been impacted by the lack of skilled labourers and limited manpower in the targeted communities, which resulted in a delay in implementing some of the planned interventions, noting that the joint programme implementation timeline was tight.

    - Capacity of local partners, especially in the areas of reporting and documentation. In addition, there was limited understanding of PSEA, with misconceptions equating it to GBV.

    - A shortage of trained health professionals hindered the rollout of the minimum initial service package, clinical management of rape, and Intimate Partner Violene (IPV) training, with many remote healthcare workers lacking exposure to emergency reproductive health protocols.

Some facilities also struggled to provide survivor-centred GBV care, and staff turnover led to inconsistent service quality.

- The limited number of trained and qualified professionals in child protection and gender-based violence at the local level posed a significant challenge. This lack of expertise hindered the effective identification of vulnerable women and children in need of protection services and addressing their complex needs, sometimes leading to gaps in service delivery.

- Some of the FCHVs had knowledge and skill gaps that hindered efforts to deliver nutrition messages and information in general.

- Irregular health mother groups' meetings: Extra effort and time have been made to revitalize health mother groups to provide counselling services to mothers.

- Limited awareness of green technologies: Adoption of sustainable and environmentally friendly construction methods remained low due to a lack of awareness.

- **Government policies and procedures:**
  - Government policies restricting domestic transfers to individuals without a bank account created barriers for vulnerable populations, particularly women and girls, during crises. Many pregnant and lactating mothers lacked proper documentation or banking access, delaying urgent financial support.

  - Coordination challenges with government entities affected programme execution, as frequent scheduling changes delayed training and health service rollouts. Approval processes for cash assistance and GBV referral pathways also took longer than expected, slowing support for survivors.

- **Operation and context:**
  - Although funding was available, mass shelter construction was not possible as the reconstruction guidelines had not been endorsed, and the detailed damage assessment was yet to be completed in the area. As a result, the number of model houses had to be limited.

  - Restricted women's participation: Gender stereotypes limited the involvement of women in some of the programme activities and reduced their level of engagement in training and decision-making processes.

  - In some areas there were attempts to apply political pressure/interference during the selection of FFA activities and beneficiaries.

  - Some reports indicated inappropriate requests for cash from beneficiaries by the local leadership.

  - In one of the WFP-supported activities, unforeseen events led to the injury of the programme participants engaged in the construction works.

- The short timeframe for implementing the JRAP programme hindered conducting a comprehensive assessment of the emerging conditions and challenges faced by the target communities, which was essential for understanding their specific needs and vulnerabilities. Long-term support strategies are crucial for ensuring the sustainability and lasting impact of any intervention.

- **Lessons Learned**

  - **Multi-cluster programming approach**
    - The adopted multi-cluster programming approach applied under the JRAP Joint Programme has effectively addressed the diverse needs of affected populations and marginalized communities in a holistic manner. It has optimized the use of resources, enhanced communication between the government, humanitarian organizations, and communities, and ensured comprehensive and effective service delivery, in addition to cost-effective and sustainable results.

    - A holistic recovery approach has enabled affected individuals, especially women, children, adolescents, and persons with disabilities, to access comprehensive child protection and GBV services including psychosocial services.

    - Joint United Nations coordination efforts with the local governments and affected population throughout the planning of recovery activities, identification/selection of project beneficiaries and sites, and the implementation/monitoring of the activities to ensure transparency, accountability, local ownership and sustainability, can contribute to sustainable and inclusive development.

    - Blending of conditional and unconditional assistance together with nutrition top-up support was effective and helpful in addressing the specific needs of affected people and maintaining social justice and inclusion in society as per the principle of leaving no one behind.

  - **Improved access to basic services**
    - Embracing development principles such as the ‘one household, one tap’ policy and ensuring chlorination of water supplies, has significantly enhanced the quality of early recovery efforts.

    - CFSs played a crucial role in helping children rebuild their confidence and resilience, enabling them to face the challenges ahead with greater strength and optimism. These CFSs also allowed parents/caregivers to focus on rebuilding their lives without having to worry about the safety and care of their children.

    - WFSs played a crucial role in fostering the resilience of GBV survivors by providing comprehensive services that address their physical, emotional, and social needs. These spaces act as safe environments where survivors can access food, shelter, counselling, medical support, and legal aid, while also being linked to a network of referral mechanisms for additional resources.

- Mobilizing the existing health network, such as FCHVs for home visits to disseminate SRH camp information and conduct fistula screenings, proved to be cost-effective and a sustainable approach.

- Psychosocial support interventions helped to build resilience by providing women, children, adolescents, and persons with disabilities with coping strategies and skills to manage stress and adversity. This ultimately supported them in navigating the recovery process and facing future challenges.

- Integrating PSEA initiatives into joint recovery programmes has raised awareness about SEA among humanitarian aid workers and community members. This has promoted access to reporting mechanisms and encouraged help-seeking behaviours.

- Mobilizing local human resources, such as volunteers, facilitators, health service providers and community-based psychosocial workers, ensured that recovery efforts were rapid, culturally appropriate, cost-effective, and sustainable.

- **Localization and sustainability**
  - Engaging the affected communities in all programme phases contributed to the successful implementation of the programme.

  - Engaging partners, who are familiar with the targeted municipalities and communities, facilitated the implementation of the programme.

  - Local skill development activities equipped the communities with the experience and knowledge that promote their ownership and engagement.

  - Local capacity building strengthens reconstruction efforts: Investing in the capacity of municipality officials, local engineers, masons (providing a toolkit to these trained masons), and entrepreneurs assisted in building a skilled workforce that can drive safe construction practices during the reconstruction phase.

  - Engaging local expertise ensures sustainability: Incorporating local knowledge in socio-technical interventions leads to more effective solutions and long-term sustainability.

  - Empowering local governments enhances sustainability: Sustainability is best achieved by enabling local governments to take leadership roles while providing technical support to strengthen their ownership. For example, green technology-based enterprises were established under a public-private partnership model to promote local ownership and ensure long-term sustainability.

  - Flexible approaches lead to better outcomes: Adapting activities based on local needs increases effectiveness and the likelihood of success.

- Collaborative efforts enhance impact: Pooling resources and expertise across partner agencies allows for a more comprehensive and effective response to community needs.

- **Adopting innovative programming solutions/modalities**
  - Resilient, sustainable, inclusive, productive and protective infrastructure can be developed with available resources if adequate attention is paid to the green conservation, resilience, and accessibility during design, estimation, construction, supervision and quality assurance phases.

  - Proper project handover builds trust and credibility: Ensuring thorough documentation handover at the project's conclusion fosters trust and credibility among different levels of government.

  - Income generation activities provided long-term support to the families of the most vulnerable populations, particularly women, children, adolescents, and persons with disabilities helping them to sustain their income, making them more resilient for future crisis.

  - Home visits/one-on-one nutrition counselling influences family members to support mothers to improve nutrition.

- **Recommendations and best practices**

  - Promote the **multi-cluster programming and area-based planning** approaches in early recovery contexts, to enhance sustainable, inclusive and localised service delivery.

  - Promote **localized solutions** by enhancing the capacity of local communities and equipping them with the knowledge, experience, tools, and resources that will leverage community engagement and inclusiveness in achieving sustainability and resilience.

  - **Effective collaboration and engagement** with local governments and affected populations for the planning of recovery activities, identification/selection of project beneficiaries, and project sites, implementation/monitoring of the activities, and grievance redressal mechanism to ensure transparency, accountability, local ownership, improved partnership and sustainability.

  - Enhance the **coordination and communication mechanisms** across the three-tier governments is essential to make the joint/multi-cluster programmes successful and productive.

  - **Joint monitoring** by all stakeholders ensures quality, identifies interlinkages and complementarities across sectors, and enhances the collective impact of interventions in communities.

  - Promote **cooperative agreement modalities** at the local level, such as in WASH activities, for the sustainability of service delivery, and that a formal agreement among key stakeholders (local government, Palika and user committee) is made to ensure shared accountability, define roles clearly, and commit to long-term project sustainability.

- **Leverage skilled local resources for reconstruction**: the trained local organizations, masons, engineers, and volunteers who received training under the JRAP Joint Programme, are community valuable resources for future reconstruction efforts and a potential experienced human resource for jobs and income-generating opportunities in their areas.

- Ensure **clear requirements of documentation** from the start: Expectations regarding what documentation is required should be clearly outlined during the initial phase of project development. This will enable partner agencies and implementing partners to systematically maintain relevant data and information from the outset.

- Promote the approach of **blending 'green' conservation with 'grey' engineering techniques** and labour-based technology in the creation of community assets. This will help to ensure nature-based protective and climate-smart infrastructure for ecosystem-based adaptation/resilience and climate-proofing of each infrastructure, and generate local employment.

- **Promote a labour-based modality** as adopted in the FFA intervention by WFP to support the creation of employment opportunities and contribute to reducing seasonal migration, transferring skills, promoting green recovery asset creation and strengthening and improving government systems.

- Mandatory pre-construction **safety and security training** conducted at all construction sites to ensure a safe working environment and mitigate risks. Ensure the consistent use of personal protective equipment, and first-aid kits placed at all sites to enable quick emergency response.

- Integrate income generation activities into protection programming for vulnerable women, children, and their families can foster efforts to achieve economic stability.

- Group insurance purchased for all workers throughout the construction period to provide financial security and protection against unforeseen accidents, enhancing their overall well-being.

- Long-term support strategies that include income generation are more sustainable. They provide a pathway for individuals and families to become self-sufficient, reducing the need for ongoing external assistance.

- Set up a robust CFM and post-distribution monitoring mechanism together with intensified sensitization to beneficiaries through FM radio announcements, public notice, bulk SMS, mass meetings and continued briefing to maintain transparency and accountability and avoid cases of fraud.

- Integrate protection initiatives in the government's annual plans and budget for continuity of services and sustainability.

- Integration of the protection component in other sectoral plans and programmes to ensure a protective environment for affected vulnerable populations, especially women, children, adolescents, and persons with disabilities.

- **Qualitative assessment**

  - **Enhanced inclusivity and efficiency**: The restructuring of user committees has promoted inclusivity by ensuring fair representation, preventing elite dominance, and mandating women's participation in leadership roles. With WFP overseeing procurement and direct wage payments, risks of exploitation have been minimized, encouraging participation from the most vulnerable and food-insecure households. Improved site management, transparency, and quality control mechanisms have ensured timely, cost-effective, and high-standard project completion. By prioritizing unemployed and food-insecure households, the programme has provided construction skills training, enhancing both the quality of work and beneficiaries' future employment prospects. Labour-intensive schemes have also created employment opportunities for vulnerable populations, reducing reliance on seasonal migration.

  - **Gender equality and financial inclusion**: The policy of equal wages for equal work, regardless of gender, has significantly increased women's participation in non-traditional construction roles. Direct wage transfers into workers' bank accounts, based on the valuation of work and attendance, have improved transparency and reduced workplace exploitation, particularly benefiting vulnerable workers, including women. By promoting financial inclusion through bank payments, especially for women and marginalized groups, the programme has empowered them to take control of their earnings. This has reduced financial exploitation and enabled women to manage their finances independently, preventing potential misuse of funds by others.

  - **Equity and nutrition support**: Unconditional cash assistance has ensured equity for households unable to contribute labour, aligning with the principle of leave no one behind. In addition, nutrition support for pregnant and breastfeeding women and girls and children aged 0-23 months has contributed to improved nutritional outcomes, addressing critical gaps in food security and health.

  - **Strengthened coordination through the One UN Approach**: The One UN Approach has significantly enhanced coordination among participating United Nations organizations and local governments, resulting in streamlined operations and improved service delivery. This collaborative framework has strengthened the overall effectiveness and impact of the programme. With the leadership of the Resident Coordinator's Office, the coordination among the participating United Nations organizations was strengthened at the Kathmandu level, and expanded to the local level through the established field-based inter-cluster coordination.

  - **Strengthening local capacity**: Conducted several trainings targeting the local communities and local levels officials on safe construction practices, including earthquake-resistant technologies such as Compressed Stabilized Earth Blocks (CSEB) and stone masonry with mud mortar. Delivered Participatory Approach for Safe Shelter Awareness (PASSA) sessions, workshops on

starting and improving businesses, production training for CSEB and stone-cutting enterprises, and awareness on PSEA and CFM.

- **Key partnerships and impact on results**: Collaboration between United Nations agencies, and local governments facilitated effective governance and sustainable recovery.

- **Cross-cutting issues**:
    - The programme promoted climate resilience by using green building technologies such as CSEB, reducing emissions and the environmental impact. Model houses were designed for multi-hazard resilience, and green enterprises were established to support eco-friendly reconstruction.

    - A strong focus on gender equality led to increased female participation in training and decision-making, though challenges remained. Inclusion was also prioritized, ensuring accessible model houses for persons with disabilities.

    - To ensure long-term sustainability, policy documents such as recovery and reconstruction action plans were developed, integrating best practices into local governance.

- **Multi-cluster survivor-centred approach**: The JRAP successfully bridged immediate humanitarian needs with long-term resilience-building efforts. Through a multi-sectoral, survivor-centred approach, the programme strengthened protection systems, expanded access to GBV and child protection prevention and response services, and ensured life-saving SRH interventions.

- **The integration of economic empowerment**, psychosocial support, medical and legal aid into GBV and child protection programming proved to be one of the most impactful strategies, allowing women and children at risk and survivors of violence, exploitation and abuse not only to access critical services but also to rebuild their lives with dignity and independence.

- **Partnership with community cooperative forums:** One of the key objectives of the programme was to build local capacity to provide long-term benefits to the community from both technical and socio-economic perspectives. In this regard, the engagement of women as members of water user committees and their role as masons and village maintenance workers was a groundbreaking initiative introduced by the JRAP.

ii) Indicator Based Performance Assessment:

	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Protection (UNICEF and UNFPA)/Earthquake response			
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.			
Indicator 1.1 : Percentage of vulnerable children benefited from emergency assistance. **Baseline: N/A** **Planned Target: 10%**	**Achievement:** 10.58% (3,889 children benefitted from emergency assistance)		**Source of verification:** Beneficiary lists Case management records
Indicator 1.2 : Percentage of people experiencing improvement in psychosocial well-being after receiving psychosocial counselling. **Baseline: N/A** **Planned Target: 60 %**	**Achievement:** 73.2 %		**Source of verification:** Pre/post-test evaluation form
Indicator 1.3: Number of women and adolescent girls increase access to GBV services **Baseline: 45** **Target: 245**	**Achievement:** 298 (271 women, 27 girls)		**Source of verification:** Registration forms of WFS, OCMC and safe houses
Indicator 1.4: Number of women (pregnant and postnatal) and newborns in need of access to safe antenatal care and delivery services. **Baseline: 30**	**Achievement:** 970 pregnant and lactating women	Targeted outreach through the community protection social workers and FCHVs promoted the services of the mobile reproductive health camps	**Source of verification:** Cash support distribution list

Target: 700		leading to a higher utilization of the services than anticipated. The planned target was for emergency assistance to pregnant and lactating women experiencing complications. The variance is due to: 1) the exchange rate gain of converting US$ to NPR, and 2) savings from the cost of utilizing local digital service providers for cash transfers enabling the services to reach an additional 270 women.	
Output 1.1 Child protection systems are functional and strengthened to prevent and respond to violence, exploitation, abuse, neglect, and harmful practices.			
Indicator 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) **Baseline: 1,057** **Planned Target: 2,500**	**Achievement:** 2,518 children (1,283 girls, 1,235 boys, 69 persons with disabilities)		**Source of verification**: Beneficiary lists Case management records
Indicator 1.1.2 Number of children reached with child-friendly spaces (CFS) **Baseline: 781** **Planned Target: 219**	**Achievement:** 279 children (152 girls, 127 boys)		**Source of verification**: CFS attendance records
Indicator 1.1.3 Number of people reached with protection information through different mediums.	**Achievement:** 94,067 people (48,324 female, 45,743 male)		**Source of verification**: Attendance Sheets (for

Baseline: 50,000 **Planned Target: 30,000**			workshops and community meetings) Distribution lists for flyers, posters, FM (for radio PSA broadcast)
Output 1.2 Number of women and adolescent girls increase their access to GBV services			
Indicator 1.2.1 Number of GBV survivors (male, female, non-binary, persons with disabilities) provided with different GBV response services including referral to other services (health, legal, psychosocial) **Baseline: 45** **Planned Target: 200**	**Achievement:** 317 392305 (280 318298 women, 30 27 girls, 455 men, 2 boys) including 8 persons with disabilities received services from OCMC and safe houses and of the amount. 22 service providers (12 women and 10 men) received trainings to provide GBV services	Targeted outreach through the community protection social workers and FCHVs promoted the services of the spaces leading to a higher utilization of the services than anticipated.	**Source of verification**: Registration forms of WFS, OCMC and safe houses
Indicator 1.2.2 Number of women and girls received essential lifesaving supplies (dignity kits, Kishori kits, winter kits) and other emergency assistance **Baseline: 12,000** **Planned Target: 1,100**	**Achievement:** 2,046 beneficiaries received lifesaving supplies (115 dignity kits, 125 Kishori kits, 200 winterization kits and 1606 through the support of IARH kits.	Targeted support for IARH kits at health facilities enhanced service quality, resulting in an increased number of individuals seeking care.	**Source of verification**: Distribution records and Health Management Information System data coordinated by the government for IARH kits
Indicator 1.2.3 Number of women and girls utilizing and accessing the established women friendly services as per the set standards	**Achievement:** 3,448 women and girls received services through established women friendly spaces	The mobilization of community protection social workers and community-level information dissemination about WFSs and their	**Source of verification**: WFS report

Baseline: 33 **Planned Target: 1,467**		services fostered trust among women and girls, leading to an increased uptake of services.	
Indicator 1.2.4 Number of people reached through awareness raising and sensitization on GBV **Baseline: 12,000** **Planned Target: 50,000**	**Achievement:** 216,996 people have been reached through awareness raising and sensitization	Broadcasting messages via FM radio enabled wider community outreach, reaching over 200,000 people with key information on PSEA, SRHR and GBV. This extended beyond the project location, ensuring broader awareness and impact.	**Source of verification**: Report, attendance and FM radio coverage
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.			
Indicator 1.3.1: Number of people (male, female, children, persons with disabilities supported through individual/group psychosocial counselling **Baseline: 684** **Planned Target: 1,100**	**Achievement**: 2,136 individuals (1,402 female, 734 male, 306 persons with disabilities)		**Source of verification**: Individual counselling session records Group session attendance records.
Indicator 1.3.2: Number of people (male, female, children, persons with disabilities) reached through community sensitization. **Baseline: 3,561** **Planned target: 15,000**	**Achievement:** 16,087 individuals (10,589 female, 5,498 male, 36 persons with disabilities)		**Source of verification**: Attendance sheets (for workshops and community meetings) Distribution lists (for flyers, posters, brochures, or other printed materials.)

Output 1.4: Resumption and/or ensuring continuity of primary health care, reproductive maternal, newborn, child, and adolescent health (RMNCAH) and vaccinations services			
Indicator 1.4.1: Number of women (pregnant and postnatal) in need of access to safe antenatal care and delivery services **Baseline: 30** **Planned target:700**	**Achievement:** 9,055 women (8,085 through the 28 SRH mobile camps and 970 through cash support for emergency SRH-related assistance) 22,399 women (3,383 women and 19,016 men) received services through the support of IARH.	A revised implementation strategy enabled significantly more beneficiaries than initially envisioned to be reached. Expanding the mobilization of FCHVs to educate the community about reproductive health camps, together with extending the camp's duration, contributed to this increased outreach.	**Source of verification**: RH camp register Beneficiary list for pregnant and lactating women Health Management Information System data
WASH (UNICEF)/Earthquake response			
Outcome 1: Basic and community WASH infrastructure (including institutions) and services restored, livelihood of vulnerable EQ affected people stabilized and their capacities restored.			
Indicator 1.1: Proportion of population having access to safely managed drinking water in selected 10 municipalities. **Baseline: 0%** **Planned target: 30%**	**Achievement:** 53,936 population (17 percent)	Though the proportion is low at outcome level the over all project intervention achievement is beyond the requirement of access to safe drinking water and also consists on interventions like one house- one tap initiatives, inline chlorination systems setup WASH plan support which has a longer term outcomes of the project	**Source of verficication:** Municipal data and progress report by implementing Partners

Indicator 1.2: Proportion of population having access to basic sanitation in selected 10 municipalities. **Baseline: 0%** **Planned target: 50%**	**Achievement**: 101,097 population (41%)	The total outcome is less due to total population estimates vs the actual population in every households	**Source of verification:** Municipal data and progress report by implementing partners
Output 1.1: Effective leadership and coordination for WASH sector recovery, and reconstruction is ensured.			
Indicator 1.1.1: Functioning WASH Cluster coordination mechanism at provincial and municipal level **Baseline:** Partially functioning **Planned Target:** fully functional	**Achievement:** WASH Cluster coordination mechanism is functional at the provincial level, and ten DPRP at the local government level for WASH preparedness and response		**Source of verification:** Meeting minutes and interaction with provincial and local government
Output 1.2: Safe drinking water to affected families, communities /institutions is provided.			
Indicator 1.2.1: Number of people accessing safe drinking water through a durable solution **Baseline: 15,000 people** **Planned Target: 55,000 people**	**Achievement:** 48,477 people	The total number of beneficiaries is less than the planned target based on the actual number of beneficiaries by water supply systems. However the total number of water supply systems repaired and reconstructed is higher (71 vs 70 and there were an additional 12 schools).	**Source of verification:** Progress report by implementing partners and field verifications
Output 1.3: Basic sanitation to affected families, communities/institutions is provided.			

Indicator 1.3.1: Number of people accessing basic sanitation services. **Baseline: 15,700 people** **Planned Target: 43,200 people**	**Achievement:** 41,128 people	The total number of beneficiaries is less than the planned target based on the actual number of beneficiaries for sanitation. However, the total number of households supported for repair and reconstruction is higher than the target (5,312 vs. 5,000 households).	**Source of verification:** Progress report by implementing partners and field verifications
Output 1.4 Hygiene education and essential WASH supplies is provided for the promotion of hygiene behaviours and prevention of outbreaks			
Indicator 1.4.1: Number of people who participated in hygiene promotion sessions **Baseline: 40,000 people** **Planned Target: 65,000 people**	**Achievement:** 59,969 people		**Source of verification:** Progress report by implementing partners and verifications
Indicator 1.4.2: Number of people reached with critical WASH supplies. **Baseline: 45,000 people** **Planned Target: 70,000 people**	**Achievement:** 45,000 people with standby support for 15,000 people		**Source of verification:** Progress report by implementing partners and verifications.
Nutrition (UNICEF)			
Outcome 1: Support caregivers/mothers of children aged 0-23 months to adopt recommended infant and young child feeding (IYCF) practices, including both breastfeeding and complementary feeding			
Indicator 1.1 : Percentage of mothers/caregivers received IYCF counselling and nutrition education. **Baseline: 0** **Planned Target: 80%**	**Achievement**: >100%	4,548 mothers/caregivers only received the cash top-up for nutrition. However, IYCF counselling covered the rest of the mothers as well as the cash top-up group.	**Source of verification:** Monthly report from nutrition mobilizer

Indicator 1.2: Percentage of children aged 6 months who are exclusively breastfed. **Baseline: 74** **Planned Target: 76%**	**Achievement:** 80%		**Source of verification:** Monthly report from nutrition mobilizer
Output 1.1 Caregivers of children aged 0-23 months are supported to adopt recommended infant and young child feeding (IYCF) practices, including both breastfeeding and complementary feeding.			
Indicator 1.1.1 Number of mother/caregivers receive IYCF counselling: and nutrition education. **Baseline: 500** **Planned Target: 5,560**	**Achievement:** 8,548 (8,124 female, 424 male) mothers/caregivers	4,548 mothers/caregivers only received the cash top-up for nutrition. However, IYCF counselling covered the rest of the mothers as well, besides the cash top-up group.	**Source of verification:** Monthly report from nutrition mobilizer
Outcome 2: strengthen the system for maternal and child nutrition by building the capacity of the workforce to deliver evidence-based interventions through facility and community-based delivery mechanism			
Indicator 2.1 : Percentage of community health workers trained on IYCF **Baseline: 0** **Planned Target: 90%**	**Achievement:** 88%	88% of the some health workers were trained due to some health workers were absent during the training. In addition to this, overall achievement in training for health workers and FCHVs was 92%.	**Source of verification:** Training report of CSO and nutrition mobilizers
Indicator 2.2 : Percentage of female community health volunteers trained on IYCF. **Baseline: 0** **Planned Target: 90%**	**Achievement:** 87% Combined progress of the capacity building is 92% (625 out of 680 health workers and FCHVs trained)		**Source of verification:** Training report of CSO and nutrition mobilizers

Output 2.1: Community Health Workers and Female Community Health Volunteers trained to improve the quality and coverage of IYCF practices.			
Indicator 2.1.1: Community Health Workers and Female Community Health Volunteers trained **Baseline: 0** **Planned Target: 680**	**Achievement:** 625 (351 health workers and 273 FCHVs) - 92%		**Source of verification:** Training report of CSO and nutrition mobilizers
Shelter (IOM)			
Outcome 1: Communities are provided with access to shelter assistance packages and socio-technical support to households rebuilding their homes			
Indicator 1.1: % targeted households that report of improved socio-technical shelter assistance **Baseline:** **Planned Target: 60% of targeted households** (37,200)	**Achievement:** 62% (38,155 households)	Targeted households received socio-technical shelter assistance through a series of activities, including door-to-door technical support, consultation meetings, capacity building sessions, shelter construction, enterprise setup, and awareness programmes.	**Source of verification:** Baseline and endline survey reports. Project data and report.
Indicator 1.2: Number of affected households that have received direct and indirect support to repair / rebuild their homes safely **Baseline:** **Planned Target: 3,100** (5% of 62,000 households)	**Achievement:** 19,040 households (31%)	The high overachievement results from extensive direct engagement efforts such as socio-technical facilitation, door-to-door technical support, theatre events, mobile van campaigns, and help desks, which	**Source of verification:** Project report Project database

		reached a larger than anticipated audience.	
Output 1.1: Affected communities have increased capacity and awareness on building back better techniques through the provision of socio-technical support.			
Indicator 1.1.1: Number of technical standard tools developed **Baseline:** **Planned Target: 4 standard tools**	**Achievement:** 33 standard tools	A total of 33 policy documents developed, including 13 recovery and reconstruction action plans, 5 building bylaws, 13 green technology-based enterprise operational guidelines, 1 local disaster and climate resilience frameworks, and 1 disaster preparedness and response plan.	**Source of verification:** Endline survey report Policy documents Approved decisions of local levels
Indicator 1.1.2: Number of PASSA trainings provided in local Palikas to raise safe shelter awareness **Baseline: 0** **Planned Target: 25** **(direct beneficiaries 765 SADD)**	**Achievement:** 46 PASSA training sessions 1,324 direct beneficiaries (675 female, 649 male) including 12 persons with disabilities	Conducted 7 PASSA training of trainers sessions, followed by 39 PASSA rollout sessions at the community level.	**Source of verification:** Training reports Project database
Indicator 1.1.3: Number of affected households that are provided with earthquake safer shelter construction techniques messages, information of BBB	**Achievement:** 49,900 households	The high overachievement resulted from extensive direct engagement efforts like socio-technical facilitation, door-to-door technical support, theatre	**Source of verification:** Project database Project report

through information, education and communication and other materials **Baseline: 0** **Planned Target: 5,840 (direct beneficiaries)**		events, mobile van campaigns, and help desks, which reached a larger-than-anticipated audience.	
Output 1.2: Affected communities have improved access to shelter assistance packages.			
Indicator 1.2.1: Number of masons trained **Baseline: 0** **Planned Target: 500 (direct beneficiaries, SADD including women)**	**Achievement:** 846 local masons trained	157 local masons (28 female, 129 male) trained on earthquake-resistant technologies in facilitation of DUDBC. 553 local masons (117 female, 436 male) received 2-day orientations on using CSEB interlocking technology. 136 local masons (33 female, 103 male) trained on making CSEB interlocking bricks, stone machinery and brick machinery, and other typologies to promote vernacular architecture targeting women.	**Source of verification:** Training report Pre-post assessment
Indicator 1.2.2: Number of trainings to engineers/sub-engineers about earthquake-resistant building construction technology **Baseline:** **Planned Target: 100 (direct beneficiaries SADD)**	**Achievement:** 64 municipal engineers/sub-engineers reached through six training sessions.	Six different training sessions were conducted for municipal engineers and sub-engineers on various topics. Since the participants of the training sessions were from the same pool, the maximum # of participants i.e. 64 (5 female, 59 male) have been considered to calculate the total # of trained engineers and to avoid double counting of direct beneficiaries.	**Source of verification:** Training report Pre-post assessment

Output 1.3: An accountable, transparent and two-way communication channel on recovery and reconstruction for the affected community is established and strengthened			
Indicator 1.3.1: Number of affected community people benefitting from existing grievance handling mechanism established at the local level **Baseline: 0** **Planned Target: 3,100 SADD (5% of 62,000 households)**	**Achievement:** 6,560 direct individuals 0-14 years old Female: 162 Male: 195 15-18 years old Female: 121 Male: 141 19-59 years old Female: 2170 Male: 3317 Above 60 years old Female: 135 Male: 319 Persons with disabilities: 102	The community members were engaged through PSEA orientations, accountability to affected populations meetings, theatre events, mobile van campaigns and dedicated CFM hotline numbers.	**Source of verification:** Survey report Availability of different information, education and communication tools
Indicator 1.3.2: % of people benefitting from awareness campaigns messaging **Baseline: 0** **Planned Target: 50%**	**Achievement:** 3,611 Population reached (55%)	The high overachievement results from extensive direct engagement efforts like socio-technical facilitation, door-to-door technical support, theatre events, mobile van campaigns and promotion of earthquake-resistant	**Source of verification:** Endline survey report

		building through volunteers, which reached a larger-than-anticipated audience.	
Food Security/Cash Programme (WFP)			
Outcome 1 Support livelihoods and the continuation of basic service delivery **Indicator** 1. Percentage of the population in targeted communities reporting benefits from an enhanced livelihood asset base. **Baseline: 0** **Target: 45%**	**Achievement:** 82.5%	Higher percentage of community people reported benefits from an enhanced livelihood asset base as WFP built the resilient and sustainable assets with a build back better approach and the upgraded/ rehabilitated rural roads support the local communities for better livelihoods, employment generation and access to market and basic services.	**Source of verification:** WFP Nepal - JRAP/SAFE Project outcome monitoring report, 2025
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.			
Indicator 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. **Baseline: 0** **Planned Target: 50,100**	**Achievement:** 54,785 households (48.47% women, 51.53% men, 1,302 persons with disabilities) received cash through bank account transfer	Both tranches of cash were distributed.	**Source of verification:** WFP SCOPE registration data Local disaster management committees and local government endorsed beneficiary lists
Indicator 1.1.2 Total value of conditional cash transferred to targeted people	**Achievement:** US$2,953,480.57 (NPR407,612,708) was transferred.	Cash has been distributed to FFA and FFT beneficiaries. The achievement is higher than the target, the number of	**Source of verification:** Bank transfer reconciliation report

through FFA/training (cash for work/training). **Baseline: 0** **Planned Target: US$2,724,286**		beneficiaries for unconditional cash that were identified was less than planned and the available funds from unconditional cash was converted into conditional cash, which resulted in an increase in the number of FFA and FFT participants and an increase in the total duration of work per beneficiary as per the revised plan. Refer to the summary matrix provided above for details.	
Indicator 1.1.3 Number of wage employment days created for poor women and socio-economically marginalized groups through FFA/FFT. **Baseline: 0** **Planned Target: 400,800**	**Achievement:** 427,397 employment days have been created via FFA/FFT.	100% of construction work completed, and the achievement is higher than the target due to the change in the FFA and FFT participants and increase in duration of work per beneficiary as per the revised plan.	**Source of verification:** Engineering design/estimate Bill of quantity documents Workers attendance record
Indicator 1.1.4 Number of assets damaged by earthquake built, restored, or maintained by targeted households and communities, by type and unit of measure. **Baseline: 0** **Planned Target: 55**	**Achievement:** Rehabilitation of 25 assets - rural roads have been completed	The number of assets is less than planned as the local governments selected large-scale rural roads instead of small roads/assets, but 25 assets covered all planned beneficiary households.	**Source of verification:** Engineering design/estimate Construction agreements with user-committee Implementing partners' reports

Indicator 1.1.5 Number of households benefitting from built, restored, or maintained assets. **Baseline: 0** **Planned Target: 22,000**	**Achievement:** Through 25 assets - rural roads under rehabilitation/ reconstruction, 22,414 beneficiaries have been benefiting.	The number of assets is less than planned as the local governments prioritized large-scale assets that employed and included all the planned households, and more households benefitted.	**Source of verification:** Beneficiary data maintained through SCOPE
Indicator 1.1.6 Number of women, men, boys, and girls receiving unconditional cash transfers including cash-top up for nutrition (including persons with disabilities). **Baseline: 0** **Planned Target: 41,750**	**Achievement:** 33,911 individuals – (29,363 unconditional cash assistance receiving population and 4,548 individuals receiving nutritional top-up) 51.2% women and including 711 persons with disabilities	The number of targeted beneficiaries for unconditional cash assistance, including nutritional top-ups, has been revised (decreased) as the eligible beneficiary households was not identified in the project areas as per the planned number. The remaining cash assistance value has been adjusted to FFA.	**Source of verification:** Beneficiary data maintained through SCOPE
Indicator 1.1.7 Total value of unconditional cash transferred to targeted people including cash-top up for nutrition. **Baseline: 0** **Planned Target: US$2,446,813**	**Achievement:** US$1,994,320.320	A reduction in unconditional cash assistance and nutritional top-up beneficiaries was due to the actual number, based on beneficiary selection criteria, being lower than planned. The remaining cash assistance has been reallocated to FFA.	**Source of verification:** Bank transfer reconciliation report
Food Security (Flood Response) – WFP			
Outcome 1: Meet the immediate food and nutrition needs of affected people to avoid a further deterioration of the nutrition situation			
Output 1.1: Provided unconditional food assistance (cash-based transfer) to highly vulnerable households struggling to meet immediate essential needs.			

Indicator 1.1.1 Number of women, men, boys, and girls receiving unconditional cash transfers including cash-top up for nutrition (including persons with disabilities). Planned target: 1,294 HHs/6,471 people	Achievement: 1,210 households, 6,169 people (50.5% female, 49.5% male, i.e., 3,029 female, 3,140 male, 30 persons with disabilities) received unconditional cash support.	The decrease in the number of households reached is due to the initial assumption that most households with five or fewer family members would receive NPR 15,000. However, during implementation, the number of households with more than five members receiving NPR 20,000 was higher than expected.	**Source of verification:** WFP SCOPE registration data Local disaster management committees and local government endorsed beneficiary lists.
Protection (Flood Response) – UNICEF and UNFPA			
Outcome 1: The flood and landslides affected people including women, adolescents, children, caregivers and other vulnerable groups are provided with essential services required for protection from violence, abuse, and exploitation, ensuring their overall well-being.			
1.1 Percentage of vulnerable children benefited from child friendly spaces and emergency assistance. **Baseline: N/A** **Target: 5%**	**Achievement:** 7.7% of vulnerable children benefitted from CFS and emergency assistance	Children identified through vulnerability assessment were supported with emergency assistance	**Source of verification:** Beneficiary lists
1.2 Percentage of people experiencing improvement in psychosocial well-being after receiving psychosocial counselling. **Baseline: N/A** **UNICEF Target: 60% and** **UNFPA Target: 75%**	**UNICEF Achievement:** 61% of individuals experienced an improvement in psychosocial well-being after receiving the psychosocial counselling **UNFPA Achievement:** 80% of women experienced an improvement in psychosocial well-being after the psychosocial counselling services.	**UNICEF**: Improvements in psychosocial well-being were assessed through pre- and post-intervention evaluations for individuals who received personalized psychosocial counseling. **UNFPA:** The overachievement in the percentage of people reporting improved psychosocial well-being following counselling was due to	**Source of verification:** Pre/post-test, post-session survey form

		intensive direct engagement strategies, including door-to-door visits and community outreach activities. These efforts helped establish trust within the community, particularly among women, encouraging them to seek services. Additionally, targeted individual and group counselling sessions were provided to women and girls affected by the flood, further contributing to the positive outcomes.	
1.3. Percentage of affected women and adolescent girls receiving dignity kits and Kishori kits who are satisfied with the support **Baseline: N/A** **Target: 70%**	**Achievement:** 95% of women are satisfied with the winter kit received.	The increase in satisfaction among affected women receiving winter kits was due to timely and context-appropriate intervention. The kits were distributed in response to the immediate needs arising from the onset of winter following the floods, ensuring relevance and usefulness. Effective community engagement and clear communication about the purpose and use of the kits also contributed to higher levels of satisfaction	**Source of verification:** Beneficiary list, feedback from beneficiary
Output 1: Children affected by flood and landslides have access to child-friendly spaces including the provision of			

recreational activities, education, and psychosocial support to ensure safe environment and promote emotional wellbeing.			
1.1.1 Number of children reached with child friendly spaces (CFSs) 367 (177 girls, 190 boys)	**Achievement:** 367 (177 girls, 190 boys)		**Source of verification:** Direct observation (site visits) CFS attendance records
Output 2: Psychosocial services including referral for specialized services provided to the affected people to restore a sense of normalcy and well-being, helping children and their families to recover from the disaster.			
2.1 Number of people (male, female, children, persons with disabilities) supported through individual/group psychosocial counselling **Target: 2000**	**Achievement:** 2,041 (636 women, 449 men, 512 girls, 444 boys, 29 persons with disabilities)		**Source of verification:** Monitoring visit report Progress report
Output 3: Winter kits, along with PSEA messaging and reporting mechanisms, are distributed to women and adolescent girls in the three rural municipalities (Bagmati, Mahankal, and Konjyosom), enhancing their ability to maintain hygiene and dignity during the crisis. **Total target: 400**			
3.1 Number of winter kits distributed to women and adolescent girls in the targeted municipalities.	**Achievement:** 400 most marginalized women including		**Source of verification:** Beneficiaries list Regular report

Target: 400	pregnant and postpartum affected by flood received winter kit		
3.2 Number of recipients who receive PSEA messaging. **Target: 400**	**Achievement:** All 400 women who received winter kits were oriented on PSEA and reporting mechanism		**Source of verification:** Beneficiaries list Regular report
Output 4: Women, adolescent girls, and GBV survivors receive psychosocial support, awareness on protection from sexual exploitation and abuse (PSEA), and referrals to additional services such as medical, legal, winterization and financial support, addressing their immediate needs in the affected areas. **Total target: 2,500**	**Achievement:** Reached to 2,670 individuals through psychosocial, awareness and financial support		
4.1 Number of GBV survivors and at-risk women and adolescent girls who receive psychosocial support services.	**Achievement:** 2,592 individuals (280 girls, 1,833 women, 119 boys and 360 men) at risk received psychosocial support.		**Source of verification:** Beneficiaries list Case management records Survivor feedback
4.2 Number of women and adolescent girls linked to further GBV services through OCMC referral systems.	**Achievement:** 3 girls were referred to the ward office for further referral services.		**Source of verification:** Beneficiaries list Case management records Survivor feedback
4.3 Number of women and girls provided with winterization support, medical, legal, and financial assistance	**Achievement:** 75 women received cash for emergency assistance.		**Source of verification:** Beneficiaries list Case management records Survivor feedback
WASH (Flood Response) - UNICEF			
Outcome 2: Children and families affected by flood and landslides			

supported with humanitarian WASH facilities and services			
Output 2.1: Provision/restoration of safe water facilities in households, communities/ institutions Number of people reached with safe water supplies			
Output 2.2: Provision/restoration of sanitation and hygiene facilities in households, communities/ institutions Number of people reached with basic sanitation facilities			
Output 2.3: Provision of WASH supplies to affected households			
Number of people reached with WASH supplies			
Health (Flood Response) – WHO			
Outcome 1: Continuity of disease surveillance			
Output 1.1: Active case finding Number of cases of tuberculosis (TB) and other communicable diseases detected			
Outcome 2: Continuity of health care facility based services			
Output 2.1: Establishment of medical camps Number of medical camp kits installed			
Outcome 3: Continuity of mental health services			

Output 3.1: Setting up and operationalization of mental health service desks Number of mental health service desks set up.			

iii) A Specific Story (Optional)

- This could be a success or human story. It does not have to be a success story – often the most interesting and useful lessons learned are from experiences that have not worked. The point is to highlight a concrete example with a story that has been important to your Programme in the reporting period.
- In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

Problem / Challenge faced: Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

Programme Interventions: How was the problem or challenged addressed through the Programme interventions?

Result (if applicable): Describe the observable ***change*** that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

Lessons Learned: What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

III. Other Assessments or Evaluations (if applicable)

- Report on any assessments, evaluations or studies undertaken.

IV. Programmatic Revisions (if applicable)

- Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place.

V. Resources (Optional)

- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.

List of Annexes

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JOINT RECOVERY ACTION PLAN (JRAP) AND HUMANITARIAN RESPONSE: WESTERN NEPAL EARTHQUAKE AND THE ONSET EMERGENCIES JOINT PROGRAMME

Annex 1: List of Acronyms and Abbreviations

AAP	Accountability to Affected Populations
CFM	complaint and feedback mechanism
CFS	child-friendly space
CPIMS	child protection information management system
CSE	comprehensive sexuality education
CSEB	compressed stabilized earth blocks
DRR	disaster risk reduction
DUDBC	Department of Urban Development and Building Construction
FCHV	female community health volunteer
FFA	Food Assistance for Assets
FFT	Food Assistance for Training
GBV	gender-based violence
HACT	harmonized approach to cash transfers
HRDC	Hilly Region Development Campaign
IARH	inter-agency reproductive health
IEC	information, education and communication
JRAP	Joint Recovery Action Plan
MCK	medical camp kit
MDD-W	minimum dietary diversity-women
MHPSS	mental health and psychosocial support
NDRRMA	National Disaster Risk Reduction and Management Authority
NGO	non-governmental organization
NTCC	National Tuberculosis Control Center
NWASH	national WASH information system
OCMC	One-Stop Crisis Management Centre
PASSA	participatory approach for safe shelter awareness
PSEA	prevention of sexual exploitation and abuse
SADD	sex and age disaggregated data
SRH	sexual and reproductive health
WASH	water, sanitation and hygiene
WFS	women-friendly space

JOINT RECOVERY ACTION PLAN (JRAP) AND HUMANITARIAN RESPONSE: WESTERN NEPAL EARTHQUAKE AND THE ONSET EMERGENCIES JOINT PROGRAMME

Annex 2: Joint Programming Modality Results

Coordination and Information-Sharing Mechanisms

I. Coordination with the Government

- The United Nations Resident Coordinator Office together with participating United Nations agencies – IOM, UNFPA, UNICEF, WFP and WHO – took decisive action to ensure that the respective government ministries and institutions at the federal level, were fully engaged in joint programming processes. This collaboration encompassed all critical aspects, including planning, designing activities, selecting locations, selecting beneficiaries, implementation, and monitoring.

- The JRAP Joint Programme is a robust localized inter-cluster coordination platform that brings together United Nations agencies, governments, implementing partners and communities, and it enhances the inter-cluster coordination process.

- In sharing information with the three tiers of government, inception meetings were conducted at the federal level with the NDRRMA and the lead ministries and institutions of concerned clusters. This practice extended seamlessly to the provincial and municipal levels.

- United Nations field teams were instrumental in establishing and maintaining effective information-sharing channels with provincial and local governments, through regular coordination meetings and joint monitoring visits.

- In addition, Nutrition Technical Committee platform meetings at both federal and provincial levels, inter-cluster bi-monthly meetings at the provincial level, and monthly meetings at the local level, ensured that the related government entities remained well informed about progress in the work being undertaken.

Clusters/agencies contributions to enhance coordination with the government

1) Shelter Cluster

- Information on shelter-related interventions was effectively disseminated across all government levels. Likewise, project-related documents were officially handed over to the shelter cluster lead ministries and institutions: the DUDBC at the federal level,

the Ministry of Physical Infrastructure and Urban Development at the provincial level, and local governments.

- The DUDBC officials played a pivotal role in facilitating training sessions for municipal engineers and local masons on safe construction practices and national building codes. Likewise, the DUDBC contributed to the drafting of building bylaws for five municipalities.

- The NDRRMA took an active role in nearly all discussions and events organized for local governments, especially: on disbursement of the second tranche of cash, capacity-building workshops on PSEA and the CFM for local governments, developing the reconstruction and retrofitting guideline, the process of monitoring model houses under construction, and DRR workshops, in addition to the drafting of recovery and reconstruction plans at the local level.

2) Protection Cluster

- Regular meetings were conducted by UNICEF and UNFPA with the Ministry of Women, Children and Senior Citizens, the National Child Rights Council at the federal level, the Ministry of Social Development at the provincial level, and the Women, Children and Senior Citizen section and Child Rights Committees at the local level. These meetings were essential for aligning programme activities and objectives with the priorities of the government and communities, ensuring that they effectively complement the existing government services. The NDRRMA was engaged in the design of programme activities and facilitating the implementation and monitoring process.

- UNICEF and UNFPA field teams, in partnership with the implementing partners, conducted a series of joint coordination meetings with the local governments in the targeted communities. These meetings were essential for strengthening coordination and facilitating the monitoring activities and implementation process. UNFPA supported the updating of the referral pathway in addition to supporting local governments and OCMC in GBV case management. UNFPA worked with the local disaster management committee to make sure that the most vulnerable people are included in programme activities. UNICEF supported the local governments in developing Integrated Child Protection Procedures, the CPIMS, Vulnerability Assessment and Case Management Guidelines, and referral pathways for child protection services.

3) Food Security Cluster

- Linkages with other clusters at both federal and provincial levels have been effectively maintained through consistent updates and systematic information-sharing mechanisms. The Joint Programme is formally integrated into the cluster plan, ensuring alignment with broader humanitarian and development frameworks.

- In Karnali Province, WFP served as the Provincial Focal Point Agency and spearheaded the overall coordination of the Joint Programme at the provincial level. This involved regular consultations and information exchanges with provincial government authorities, in close collaboration with participating United Nations organizations.

- At the municipal government, WFP staff embedded within local government offices enabled seamless communication and coordination with the local authorities and beneficiaries. This approach ensured efficient project delivery through timely implementation, robust technical support, prompt grievance resolution, and effective cross-cluster coordination among participating United Nations organizations.

- In areas where formal cluster structures are not operational, the Joint Programme actively engaged local disaster management committees, executive committees, and ward committees, ensuring that all programme-related decisions were made by these local governance bodies

- Local governments played a vital role throughout the infrastructure management cycle, from the initial planning stages to the final handover of rehabilitated schemes. The identification of assets earmarked for reconstruction was conducted in consultation with local governments, while beneficiary selection was closely coordinated with these entities. Furthermore, regular monitoring visits and continuous information-sharing culminated in the formal handover of rehabilitated schemes to local authorities. These authorities had committed to repairing and maintaining the assets as needed, following operation and maintenance plans developed with programme support.

- The government-led process for prioritizing FFA projects, based on identified needs as well as the government's endorsement of beneficiaries and their active participation in grievance redressal mechanisms, fostered greater local ownership, enhanced accountability, and strengthened partnerships at the local level.

- Regular meetings, both formal and informal, were established to ensure consistent information sharing at the provincial and local levels. Field offices played an active role in provincial-level coordination, while WFP staff embedded within local governments, together with cooperating partner staff, were instrumental in facilitating the flow of information. This multi-tiered approach ensured alignment and coherence across all levels of implementation.

- To maintain a good level of information sharing with government stakeholders, the cooperating partner secured formal consent from each participating local government for the implementation of the JRAP. A memorandum of understanding was

established between the cooperating partner and local governments, detailing the total budget allocation and outlining the planned programme activities. The process of beneficiary identification and targeting was carried out through a collaborative effort involving WFP, community representatives, affected communities, WFP's implementing partners, and the respective local governments. Following a thorough verification and endorsement process by the ward-level committees and local disaster management committees, the final list of beneficiaries was formally provided by the local governments to WFP. These beneficiaries were then registered in the SCOPE8 system, WFP's corporate platform for information management and cash transfer operations.

- WFP and UNICEF formalized a data-sharing agreement to enable the seamless exchange of nutrition cash top-up data. The list of FFT participants was shared with IOM and subsequently disseminated to federal, provincial, and local governments, as well as other development partners. This facilitated broader engagement and created opportunities for beneficiaries to participate in reconstruction activities, ensuring a coordinated and inclusive approach to recovery efforts.

4) Health Cluster

- The Health Emergency Operation Centre enabled local-level assessments of damage to healthcare facilities using the WHO Health Resources and Services Availability Monitoring System tool. Subsequently, based on the assessment, the local level initiated the request for setting up a medical camp kit, which was then forwarded through provincial and federal health ministries to WHO. There was regular coordination with the local level and community at Roshi and Phidim municipalities for the installation of the medical camp kit, starting with an assessment of the selected site.

- WHO coordinated on a regular basis with the National Tuberculosis Control Center to plan the active identification of those at high-risk of tuberculosis (TB) in the affected municipalities in partnership with the Epidemiology and Disease Control Division. There was also close coordination and regular communication at the provincial and local levels since the FCHVs conducted door-to-door awareness campaigns and identification of risk groups in the communities for TB screening.

- WHO collaborated with the Epidemiology and Disease Control Division, Provincial Health Training Centre, Health Directorate, experts from mental hospitals, public health offices and the identified local levels. The public health office in Kavrepalanchowk organized and led training on mental health and psychosocial support. Regular coordination was undertaken to establish the criteria for the selection of participants and with the identified municipality to mobilize participants.

5) Nutrition Cluster

- In Karnali Province, inter-cluster coordination is robustly led by the chief minister's office and sectoral ministries with support from the Ministry of Internal Affairs and Law. The JRAP was a key agenda item of the inter-cluster meetings that were held on a bi-monthly basis, where agencies provided updates on the progress in these meetings.

- At the local level, coordination was assigned to one United Nations agency for each municipality. This structure ensured timely and effective coordination, while eliminating the risk of duplicated efforts.

6) WASH Cluster

- As WASH cluster co-lead, UNICEF took proactive steps to engage with both the federal Ministry of Water Supply and the provincial Ministry of Water Resources and Energy Development from the very start of the development of the JRAP proposal. These collaborative efforts were crucial in identifying and selecting the most affected 10 municipalities, as well as relying on provincial cluster decisions to move forward with the planned WASH interventions.

- Throughout the programme process, UNICEF prioritized ongoing coordination, providing regular updates on JRAP activities through regular meetings across the three tiers of government.

- UNICEF continued to coordinate with local governments subsequent to the response phase for the identification of water supply systems, communities in need of sanitation and hygiene facilities, as well as repair or rehabilitation of WASH facilities in schools. UNICEF ensured that all the interventions were identified based on the priorities of the communities and local governments, ensuring the linkage between the humanitarian and development agendas.

- The coordination was further enhanced by the six implementing partners that coordinated with local governments on an almost daily basis to ensure that progress and information are continuously relayed to local governments and also to manage any bottlenecks encountered. The quality of interventions was further ensured through joint monitoring visits by local and provincial governments, which provided open feedback to UNICEF.

- A tripartite agreement between the water user committee, local government and the implementing partner was in place until the construction was complete and handed over to the water user committee. There was also a similar agreement between the water user committees, wards, and local governments as a coordination and accountability framework for the three entities.

II. Coordination between implementing partners of United Nations agencies

- With support from the field teams of United Nations agencies, at the local level the implementing partners in Jajarkot and Rukum West districts held regular coordination meetings to share updates on, for example, progress of work, challenges, cooperation and integration opportunities, and referral mechanisms.

- Partners of IOM, UNFPA, UNICEF and WFP collaborated closely to ensure effective targeting and delivery of support to beneficiaries of nutrition cash top-ups. Furthermore, vulnerable households receiving unconditional cash assistance from WFP were able to benefit from complementary model housing support provided by IOM, demonstrating a successful integration of services and a holistic approach to addressing beneficiary needs. Beneficiaries of the FFA programme were linked with various stakeholders, creating opportunities for employment and engagement in reconstruction activities. The cases identified for psychosocial support were referred to UNFPA by IOM.

Joint Programme Results – Building Resilience

I. Capacity building for the government, community, and partners

1) Shelter Cluster

- ***Government:*** Provided technical and non-technical orientation on the process of disbursement of tranches of cash, workshops on national building codes, the building permit system, green technology-based enterprises, DRRM, the local disaster and climate resilience framework, and reconstruction and retrofitting guidelines, operation of compressor testing machines and material quality testing to promote disaster-resilient and sustainable construction practices.

- ***Community:*** Training was provided on safe construction practices, including earthquake-resistant technologies, such as CSEB and stone masonry with mud mortar. Sessions on PASSA, workshops on starting and improving businesses, production training for CSEB and stone-cutting enterprises, and awareness on PSEA and the CFM were delivered.

- ***Partners:*** Training was facilitated for implementing partners' engineers in collaboration with the DUDBC, covering the localization of the National Building Code. Implementing partners also received orientation on PSEA and the CFM.

2) Food Security Cluster

- ***Community:*** The conditional cash modality significantly enhanced the skills of beneficiaries engaged in the rehabilitation of public assets and skill-based training

programmes. The mandatory inclusion of women in leadership roles further bolstered their confidence and participation in non-traditional employment opportunities.

- The on-the-job training component offered practical experience, enabling beneficiaries to refine their skills in real-world construction environments.

- This approach has effectively transferred knowledge and technical expertise to unskilled workers, preparing them for future construction opportunities. In addition, local governments were provided with skilled community members who are in high demand to support construction projects implemented by local governments and other development partners.

3) Nutrition Cluster

- ***Community***: Pregnant and breastfeeding mothers were provided with nutrition messages that enabled them to adopt best practices in utilizing the cash top-up for children's nutrition. Similarly, the Joint Programme built the capacity of health workers, FCHVs and nutrition mobilizers/officers on nutrition in emergencies.

4) WASH Cluster

- ***Government:*** The capacity of provincial and local government officials (749 officials) in Karnali Province was built on WASH in emergencies, development of disaster preparedness and response planning, and WASH contingency planning. This resulted in the development of Karnali Province's WASH contingency plan and the disaster preparedness and response plans for the ten targeted municipalities.

  The targeted ten municipalities were also equipped with the skills to use the NWASH information system to integrate their WASH facilities into the national system. For this purpose, four members from each municipal team (mayor/deputy, chief administrative officer, IT officer, and WASH officer) were trained on WASH information management as well as the WASH planning process for municipalities.

- ***Community:*** As part of assuring safe and functional water supply services, the water user committees that were formed/reformed in the targeted communities (940 members), were trained on climate-resilient water safety plans, water quality testing, operation and maintenance, and other essential knowledge related to the governance functions of the user committee.

  In addition, 139 (including 29 females) village maintenance workers were trained on the basic operation and maintenance of the water supply systems, ensuring continued and safe water for every water supply scheme.

  At the school level, 50 schools (SMC/focal teacher/headteacher - 150 people) were provided with training on WASH in schools' promotion tools, the Three Star Approach,

and the development of school improvement plans, including risk assessment and planning.

- ***Partners:*** UNICEF collaborated with six local organizations through an open selection process, prioritizing those who had experience with the targeted communities and are familiar with the geography and the context. The core team of six partners was trained on various aspects of climate-resilient WASH services before and during the implementation of the project, including climate-resilient water safety planning, pre-construction and post-construction interventions, operation and maintenance, and water quality testing training. The team further received additional assurance training on Harmonized Approach to Cash Transfers (HACT), PSEA, supply procurement policy, progress and data reporting.

5) Protection Cluster

- ***Government:*** UNFPA conducted training sessions on case management, clinical management of rape and intimate partner violence, and GBV blended learning for 154 service providers from OCMC, safe houses, health institutions, and local governments. Teachers from targeted municipalities received training on comprehensive sexuality education.

  UNICEF and its implementing partners trained 564 officials from ward-level child rights committees and health facilities on the CPIMS, including case management and referrals. Following the training, a total of 4,464 cases have been entered into the CPIMS.

- ***Community***: UNFPA supported youth volunteers with training on comprehensive sexuality education and mobilized to raise awareness within their communities. Nine community members received training in psychological first aid and were designated as community psychosocial counsellors. Furthermore, community-based psychosocial workers, youth volunteers, and community members participated in orientation sessions on PSEA and the CFM.

  UNICEF supported 534 service providers with training on community-based psychosocial work, including basic psychosocial support, identifying symptoms of distress and referring individuals to counsellors, post-traumatic stress disorders, trauma-informed care, and the mental health and psychosocial support needs of people with disabilities. In addition, 358 service providers received stress management training to prevent secondary traumatization from continuous exposure to stress.

  Partners: All staff from UNFPA and UNICEF and their implementing partners received PSEA training, while Women's Rehabilitation Centre's staff were engaged in case management training for survivors of GBV.

6) Health Cluster

- A temporary health facility in the form of a medical camp kit was established to provide uninterrupted regular services until a permanent structure is built. This will reduce the need of the local population to travel long distances to access basic health services.

- FCHVs conducted door to door awareness campaigns together with the identification of those at high-risk of TB in the community, assisting in early detection and treatment of TB cases, ultimately minimizing its further spread in the community. Through this initiative, the communities have also become more aware of the various risk factors of TB and can be more proactive in seeking care.

- Twelve healthcare workers in different health facilities across the six flood affected municipalities were equipped to integrate mental health and psychosocial support services into primary healthcare, ensuring early detection and intervention at the primary health care level. This will help in early identification, assessment and management (with the support of experts) at the local level.

II. Improved access to basic services

1) Protection Cluster

- UNFPA, through the JRAP Joint Programme, expanded access to essential health services for women and girls by providing SRH care through 28 mobile health camps. These camps played a crucial role in improving access to basic healthcare in underserved areas. Five WFSs offered psychosocial support and referral services, ensuring the dignity and well-being of women and girls. WFSs also facilitated the citizenship acquisition process for a few women, enabling them to access essential services.

- To further strengthen support for GBV survivors, the project assisted OCMCs and safe houses, ensuring the continued availability of critical services.

- Based on vulnerability assessments, children including those with disabilities and their families were identified and provided with assistance through a comprehensive case management process. The assistance included food, educational materials, access to medical care, and livelihood support to promote a sustainable income, reduce dependency on aid and help families become self-sufficient.

- Through CFSs vulnerable children were provided with a safe and structured environment where they were engaged in recreational activities, received psychosocial support, and participated in group discussions. The CFSs not only addressed the immediate needs of the children but also contributed to their long-term development.

Regular interaction with peers and caring adults helped restore a sense of normalcy in their lives while reinforcing important life skills.

- Vulnerable members of the communities, such as women and children including those with disabilities, received one-on-one counselling services, family counselling, group healing sessions, and school-based psychosocial counselling. These interventions helped address mental health and psychosocial issues, leading to improved emotional well-being, reduced anxiety, and overall improved mental health.

2) WASH Cluster

- *Repair and reconstruction of water supply systems*
  - The situation prior to the programme intervention, exacerbated by the effects of the earthquake, meant that most of the communities relied on unprotected water sources, and the infrastructure of the water supply systems were very basic and could not guarantee the supply of continuous and safe water to the communities.

  - Improved efficiency of water supply systems:
    1. Support included improving the functioning of 71 water supply schemes in the ten targeted municipalities and rural municipalities, which enabled over 27,000 people to have access to a safe water supply.
    2. Households in the targeted communities were provided with a tap on their premises with a robust distribution system so as to ensure water availability and safety throughout the year.
    3. In line with national goals for the provision of safe water, all the water supply systems were integrated into the NWASH, ensuring they are recognized and accounted for. To ensure sustainability and accountability at the local level, the project leveraged resources from local governments to reconstruct water supply schemes worth NPR11.6 million (85,000 USD). This support also included a tripartite agreement between water user committees, the wards, and the municipalities to ensure accountability for the continued provision of water supply services to the affected communities.

  - Water safety/quality:
    1. The project installed inline chlorination systems and auto-dosing systems in 35 water supply systems, as well as lime removal devices in six water supply schemes with lime deposits in their water supply systems.
    2. Insurance coverage of water supply systems was introduced in 25 water supply schemes as a model to ensure immediate support would be provided for future unforeseen events that may affect the water supply schemes.
    3. The targeted municipalities' officials and the implementing partners were trained on water quality testing and the use of water test kits. The project provided water test kits to all 10 local governments enabling them to develop a

water quality monitoring mechanism and conduct ongoing water quality testing for all the water supply systems within their municipalities.

- *Repair and reconstruction of sanitation and hygiene facilities*
  - As well as damage to houses and institutions, many sanitation facilities were also damaged (42,820 household toilets), raising concerns about increased open defaecation in the community that could trigger outbreaks of waterborne disease in the affected areas.

  - Support included reconstructing 2,564 toilets and repairing 2,748 toilets, out of which a total of 16 disability-friendly toilets were also reconstructed providing comfort to people with different kinds of disabilities in the community. This support enabled over 25,000 people to have access to safe sanitation facilities.

  - To ensure that the community had the skilled manpower to benefit from this support and for future services, the project conducted mason training on building safer/earthquake-resilient structures including toilets. A total of 166 local masons (including 18 females) were trained in masonry by the project to support households to repair their sanitation facilities. To ensure that all household rebuild their sanitation facilities and to avoid open defaecation the project mobilized local resource persons, natural leaders, and water user committees for the promotion of sanitation and hygiene.

- *Reconstruction of WASH facilities in schools*
  - The damage affected the infrastructure of 279 schools, which included damage to the water supply, sanitation and hygiene facilities to varying degrees. This necessitated the repair and reconstruction of these facilities to ensure the continuity of education services for the affected children. As part of the support to 51 damaged schools, WASH facilities were also assessed, and it was determined that various types of repair/reconstruction work were required. Given the national guidelines for WASH in schools, the assessment also looked into whether there were a sufficient number of WASH facilities, based on the number of students. It also provided an opportunity to ensure that the WASH facilities were child, gender and disability friendly, as well as meet the minimum requirements for girls and boys.

  - The project provided support to 51 schools in the targeted municipalities that reinstated WASH facilities and services and enabled over 16,000 students to have access to safe water and sanitation services in their schools to help normalise their life.

3) Shelter Cluster

- The entry and verification of beneficiaries' data was facilitated for the process of disbursement of the tranches of cash for temporary shelter. Prior to the implementation

of the JRAP Joint Programme the process did not cover all of the affected people, so nine volunteers were seconded to support local governments and make the process of disbursement more efficient.

- The construction of houses for 26 vulnerable households was supported, serving as models for safe and earthquake-resistant construction practices.

4) Food Security Cluster

- Unconditional cash assistance was provided to households unable to contribute labour, ensuring social justice and aligning with the principle of leaving no one behind. Nutrition support for pregnant and breastfeeding women and children aged 0-23 months has contributed to improved nutritional outcomes. The Jajarkot Earthquake Response Post Distribution monitoring report and Strengthening Resilience of Assets and Food Security Enhancement (SAFE) Outcome monitoring report show an improvement in the WFP corporate indicators: food consumption score and minimum dietary diversity - women. The percentage of the population above the food consumption score acceptable limit improved in both districts, with an increase of 25 per cent on average. Similarly, there is a 24 per cent increase in the population meeting the minimum dietary diversity - women level.

- The adoption of an improved user committee model (comprising workers, with a minimum of 50 per cent women in decision-making roles) has enhanced construction management practices. Procurement was handled by cooperating partners, while user committees were primarily responsible for community and labour mobilization, as well as material handling. WFP facilitated wage payments directly to workers via bank accounts. This model has led to higher-quality infrastructure through scientific engineering designs, milestone-based inspection checklists, certified non-local construction materials, proper storage and handling of materials, and regular monitoring. It has also promoted greater inclusion of women and marginalized groups in user committees.

- The programme has provided safer and more reliable access routes to schools and health centres, significantly reducing travel time for communities. Transportation costs for essential goods and services have been reduced, making them more affordable and accessible to vulnerable populations. Similarly, improved connectivity has expanded employment and livelihood opportunities by linking communities to job markets and economic activities. According to the JRAP, Strengthening Resilience of Assets and Food Security Enhancement (SAFE) Process Monitoring Brief 2024, 68 per cent of the surveyed population said that the programme is anticipated to further uplift the living standards of the community. Among those who were assured of the benefits, the following key advantages were highlighted:

- Improved speed of access for ambulances, particularly in cases of childbirth and other health emergencies.
- Easier access to health centres for antenatal and postnatal check-ups.
- Enhanced access to markets for purchasing goods and selling products.
- Better accessibility to transport agricultural produce to local markets, leading to increased employment opportunities and economic growth.

5) Nutrition Cluster

- After the earthquake more than 250 health mother groups did not operate in eight local municipalities in Jajarkot and Rukum West. By launching the JRAP Joint Programme, the nutrition cluster managed to activate 314 health mother groups in both districts. Similarly, 16 outpatient therapeutic care centres were observed and coached on-site to provide quality services. Health facilities were encouraged to continue growth monitoring by motivating mothers to weigh their children regularly in the growth monitoring centre.

III. Established and strengthened referral pathways

1) Protection Cluster

- The referral pathway for GBV and child protection services was updated and shared with communities through awareness programmes and orientations.

- A referral system was set up to connect GBV survivors with support services at OCMCs and safe houses, ensuring communities had access to information.

- To improve SRH services, healthcare providers received on-the-job coaching and mentoring during reproductive health camps. A referral system was also established to transfer cases to higher-level hospitals when needed.

2) Shelter Cluster

- Local-level CFMs were enhanced by raising awareness among residents through visibility materials such as leaflets, banners, and mobile van campaigns.

- Protection-related cases were referred to the protection cluster, while queries related to the disbursement of tranches of cash received through the CFM hotline were directed to the respective municipalities.

3) WASH Cluster

- To support municipalities and communities in the continued provision of WASH services, the project created a link to private service providers who can support municipalities and communities with WASH supplies, the operation and maintenance of water test kits, and maintenance of chlorination systems. Furthermore, since all 10

municipalities are now part of the NWASH information system, they will have equal access to WASH-related resources, capacity-building initiatives, and support opportunities. The tripartite agreement between the water user committees, wards and municipalities has also created a formal linkage between and accountability among the three entities for the provision of continued services to the targeted communities.

4) Food Security Cluster

- Partners of IOM, UNICEF and WFP worked in close collaboration to ensure effective targeting and delivery of support to beneficiaries regarding the nutrition cash-top-up initiative. Vulnerable households receiving unconditional cash assistance from WFP were able to benefit from complementary model housing support provided by IOM, demonstrating the successful integration of services and a holistic approach to addressing the needs of beneficiaries. Beneficiaries of the FFA programme were linked with various stakeholders, creating opportunities for employment and engagement in reconstruction activities.

IV. Project activities linking with climate resilience

1) Shelter Cluster

- Interlocking CSEB and stone masonry for shelter construction was promoted.
- Model houses equipped with rainwater collection systems were developed.
- Support was provided for the establishment of 28 green enterprises across 13 municipalities.
- Contributed to drafting the Green Technology-Based Operational Guidelines, which local governments have endorsed.
- Assistance was provided in the development of a local disaster and climate resilience framework for Barekot Municipality as part of broader efforts to strengthen local climate resilience, aligning with NDRRMA's ongoing promotion of the framework at the local level.

2) Food Security Cluster

- A comprehensive environmental and social risk assessment was conducted, and mitigation measures were integrated into the design and estimation phases. WFP adopted a blended approach of 'green' conservation and 'grey' engineering techniques during the survey, design, and construction processes. This ensured the development of nature-based, climate-smart infrastructure that supports ecosystem-based adaptation, resilience, and climate-proofing. Structural designs were tailored to promote inclusivity, accessibility, and benefits for women, children, and persons with disabilities, adhering to the applicable norms, standards, and best practices. These measures have significantly enhanced the resilience, inclusivity, accessibility, and long-term sustainability of the infrastructure. As part of the build back better approach and green recovery initiative, 40,480 tree saplings were planted along roadsides.

- To ensure quality and sustainability, robust assurance and control mechanisms were implemented, including close supervision, monitoring checklists, engineering quality tests, and milestone-based layouts during the construction of resilient infrastructure. In addition, a community-based operation and maintenance plan was introduced to ensure the long-term sustainability of the rehabilitated assets.

- The rehabilitated schemes have strengthened community resilience by creating employment opportunities for marginalized groups. During the design and estimation phases, engineering structures were integrated with bioengineering techniques, proper drainage management, and site-specific structural adaptations. Cost optimization was prioritized by adhering to the Government of Nepal's design criteria, ensuring efficient resource utilization. Furthermore, cutting and filling balance, as well as haulage material management, were meticulously planned and executed during construction.

- Road rehabilitation and reconstruction projects applied an innovative approach that blends 'green' conservation methods with 'grey' engineering techniques. This dual approach ensures the resilience of infrastructure, climate-proofing of assets, and long-term green recovery outcomes, aligning with sustainable development goals and climate adaptation priorities.

3) WASH Cluster

- Jajarkot and Rukum West are highly vulnerable to floods and landslides, and the earthquake further increased this vulnerability, making the earthquake-affected communities more susceptible to climate and natural disasters. In addition, the district has been a hotspot for waterborne diseases for many years. Given this situation, under the JRAP Joint Programme, UNICEF engaged with provincial and local governments and stakeholders to systematically support building back better and safer communities' post-earthquake.

- In order to ensure that the WASH cluster coordination mechanism at provincial and municipal levels functioned effectively and that the WASH response and recovery efforts fully accounted for the most vulnerable children and families, the project provided technical support to Karnali Province and 10 selected palikas. This included training 749 officials on WASH in emergencies, developing disaster preparedness and response planning, and WASH contingency planning.

- The water supply schemes selected by municipalities and wards underwent detailed assessments, including potential risk assessments, to ensure that their design and further implementation are climate- and risk-sensitive. As part of this, 71 water user committees (940 user committee members) were trained on pre-construction, post-construction, and developing a climate resilient water safety plan to continuously monitor various risk and mitigation measures for the water supply systems. This included hands-on training in water quality testing and monitoring to ensure the

continuous provision of safe water throughout the year, especially during the monsoon period when water sources are at risk of contamination.

- In addition, under the school WASH programme, the project provided school-level orientation on WASH in schools, including the Three Star Approach, and the development of school improvement plans in 52 schools, including risk assessment and planning. This approach helped to ensure that the schools regularly identify their risk and mitigation measures to ensure that children are safe around the school and in the catchment areas. Similarly, hygiene promotion conducted in the community engaged youth and community members in citizen-led water quality testing to trigger risk sensitization and promote safe WASH behaviours and practices.

- Furthermore, to ensure that the WASH facilities remain continuously functional and resilient, the project trained 139 (including 29 females) village maintenance workers in basic operation and maintenance of the water supply systems. This training ensures continual safe water for every water supply scheme and enables village maintenance workers to undertake maintenance and restore functionality in the event of a disaster.

- Similarly, 166 local masons (including 18 female) were trained in masonry work to help households repair their sanitation facilities. These skill sets are valuable human assets within the communities, ensuring a stronger community coping mechanism in case of unforeseen events. Various tool kits and supplies were also provided to user communities and municipalities. The project introduced the insurance of water supply systems in 25 water supply schemes as a model that will ensure immediate support and recovery for future unforeseen events. This is a unique approach that should be an important lesson learned for other water supply schemes regarding the management of future risks.

Joint Programme Results - Recovery Agenda

I. Sustainability capacity, resources, and enabling environment in the targeted areas

1) WASH Cluster

- While implementing the JRAP for WASH, the project utilized the opportunity to enhance the capacity of the community and local governments to deal with emergencies through training on WASH in emergencies and the development of disaster preparedness and response plans. The recovery project further ensured that all the activities were linked to the development goals of the country, which included the provision of safe water and sanitation, provision of ‘one household one tap’, safe sanitation that maintains open defaecation-free communities, ensuring climate-resilient water safety planning for water supply systems, and ensuring quality water using local skills and tools for water quality testing.

- The cluster worked with municipalities to leverage its resources on the recovery of water supply systems, worth NPR11.6 million (85,000 USD), showcasing the commitment and accountability to the affected population as well as the sustainability of the project. Municipal officials were trained to use NWASH to enter the information on all the water supply schemes under the recovery project and other water supply schemes of the municipalities into NWASH so that these systems are accounted for and recognized by the national system. Ten municipalities were also assisted in developing WASH plans - a national requirement - for the purposes of planning, prioritization and yearly budgeting.

- Both during and after the completion of the project, a social audit was conducted in the targeted communities to ensure that they were consulted on the interventions and progress made, as well as concerns addressed for satisfactory completion of the project. Once the intervention was completed (especially for water supply schemes) a certificate of practical completion was issued with clear information on the interventions supported and certified by the water user committee, ward representatives, representatives from implementing partners and UNICEF. Furthermore, a The tripartite agreement was affected for all water supply schemes between the water user committee, ward, and municipality that included clear accountabilities related to their mandates and capacities.

2) Protection Cluster

- The project has successfully strengthened community resilience and reduced reliance on external support by maintaining a pool of trained local human resources and community members, ensuring they have the capacity to respond effectively to future emergencies. Protection interventions have been integrated into government plans and budgets, reinforcing the institutional framework for crisis response.

- Service providers from both the GBV and SRH sectors were provided with specialized training, including the minimum initial service package, case management, and clinical management of rape and intimate partner violence. The project also provided an inter-agency reproductive health kit at health facilities to help ensure the delivery of quality services. The interventions not only provided immediate assistance but also ensured the long-term availability of essential services and improved access to basic services. Support from other clusters for the rehabilitation of roads and water supply schemes enhanced community resilience and reduced the risk of violence: with improved access to water nearby, community members no longer need to travel long distances, and the rebuilt roads improve mobility and safety.

- The integration of the CPIMS, which includes case management and referrals, has greatly improved the ability to effectively manage and respond to child protection cases. This centralized database is crucial for enhancing case management by ensuring that services provided to victims and survivors of violence, abuse, and exploitation are

consistent, confidential, and comprehensive. The ownership of CPIMS by the seven local governments is a key factor in its sustainability. Overall, this has strengthened the child protection system, enabling a more efficient and reliable response to child protection issues. The initiative not only enhances immediate service delivery but also contributes to the long-term sustainability and effectiveness of child protection efforts in the affected areas.

3) Food Security Cluster

- Collaborating closely with local governments and affected populations in the planning of recovery activities, identification and selection of project beneficiaries, and project sites, and the implementation and monitoring of activities has ensured transparency, accountability, local ownership, and sustainability. This participatory approach has contributed to sustainable and inclusive development. Overall, the programme has enhanced community livelihoods by fostering inclusivity, transparency, and long-term skill development, while strengthening government capacity to effectively address critical issues such as food insecurity and unemployment.

- The restructuring of user committees has promoted inclusivity and fairness by ensuring representation from households directly involved in construction activities, thereby preventing the dominance of local elites. With procurement managed by WFP and wages paid directly to workers through bank accounts, opportunities for manipulation and exploitation have been minimized, encouraging the participation of those most in need. The mandatory inclusion of women in leadership roles has further increased their confidence and participation in non-traditional employment opportunities.

- On the ground, improved site management, transparency through public information boards, and stringent quality control measures have ensured that projects are completed on time, within budget, and to the required quality standards. The programme has prioritized the employment of unemployed and food-insecure households, providing them with basic construction skills through pre-construction and on-the-job training. This has not only improved the quality of construction work but has also equipped workers with skills for future employment opportunities in the infrastructure sector. Furthermore, the focus on labour-intensive schemes has provided employment to vulnerable populations, reducing the need for seasonal migration.

- Incorporation of build back better principles: To leverage disasters as opportunities to rebuild resilient societies by integrating disaster risk reduction into development measures, WFP has incorporated the following key factors:
  - **Adherence to national standards:** Ensuring compliance with national standards throughout the design and construction process to enhance the resilience of physical assets.

- **Hazard-control structures**: Reconstruction of roadside structures, such as retaining walls and drainage systems (side and cross), to stabilize slopes, prevent landslides, and reduce the deterioration of carriageways.
- **Right-sized infrastructure:** Adjusting infrastructure to better meet community needs, such as modifying road carriageways based on traffic volume.
- **Inclusive reconstruction**: Ensuring projects benefit marginalized communities, women, girls, boys, and men from the affected population through immediate wage employment and long-term access to resilient infrastructure that supports increased productivity, enhanced access to social services and markets, and reduced drudgery.
- **Environmental restoration**: Rebuilding and restoring physical and environmental infrastructure to reduce vulnerability, protect the environment, and restore natural ecosystems.
- **Geological surveys and site assessments**: Conducting thorough geological surveys and site assessments using WFP's GIS capacity to identify stable and suitable locations for road alignment, avoiding areas prone to landslides, liquefaction, or other geological hazards.
- **Earthquake-resistant materials**: Utilizing earthquake-resistant building materials, such as reinforced cement, locally available hard stone, gravel, and sand, to withstand seismic forces and minimize collapse risks.

4) Shelter Cluster

- Multiple capacity-building activities were conducted to strengthen local government capabilities.

- Training local masons not only enhanced technical skills but also generated local employment opportunities, which contributed to a resource pool for the upcoming reconstruction phase.

- All 13 local governments were provided with a compressor testing machine and have received dedicated training on its operation, and assurance of the quality of materials. This will not only help maintain the quality of CSEB but also promote longer-term disaster-resilient and sustainable construction practices in all 13 municipalities.

- A platform was created following the endorsement of the reconstruction guideline, bringing together NDRRMA, the provincial and local governments to foster a common understanding and avoid multiple interpretations of the guideline.

5) Nutrition Cluster

- Health units at the local level have provided support in planning and fixing dates for training of health workers and FCHVs and facilitating the training. Also, health units supported the health facilities and FCHVs to schedule health mother group meetings. FCHVs were engaged in breastfeeding, complementary feeding and nutrition education

in their respective wards during health mother groups meetings, home visits, outreach clinics and immunization centres.

6) Health Cluster

- Collaborating closely with local level authorities and with communities and ensuring their participation in planning and the identification of sites/people prior to the execution of the programme, has ensured transparency, accountability and local ownership. For example, Bagmati Province has committed to allocating a budget for training on mental health and psychosocial support in the next fiscal year.

II. Mainstreaming project activities into government plans and systems for sustainability

1) Protection Cluster

- The project strengthened GBV prevention and response by training service providers, ensuring that OCMC and safe house staff were equipped to manage cases effectively using a survivor-centred approach. In addition, FCHVs received training on SRH and fistula screening and were then mobilized to raise awareness in communities and identify fistula cases that required further support. The number of people who received services through the reproductive health camps has been registered in the government's Health Management Information System, and UNFPA has also linked the JRAP Joint Programme to its regular programme.

- Engaged and advocated with local governments to establish a child fund in seven affected municipalities for the continuation of child protection case management support, as mandated by law. Continuous advocacy also led to the establishment of psychosocial counselling centres by the municipalities. Furthermore, activities under the JRAP Joint Programme were integrated and linked with UNICEF's regular programme.

2) Shelter Cluster

- The DUDBC and provincial governments were engaged in the development of building bylaws for five local governments, aligning with the DUDBC's annual target of drafting and implementing building bylaws.

- Twenty-eight green enterprises were established through a public-private partnership model to ensure local ownership and long-term sustainability. This aligns with the Karnali Government's priority of enterprise development and local job creation.

- A Green Technology-Based Operational Guideline was developed to support the sustainability of green enterprises established both within and beyond the JRAP Joint Programme.

- The project directly contributed to the Government of Nepal's priority of going carbon negative by 2045 by introducing interlocking CSEB over red fire bricks.

3) Nutrition Cluster

- Some 90 per cent of government health workers and FCHVs were trained on nutrition in emergencies, including counselling on breastfeeding and complementary feeding. Existing health workers and FCHVs were mobilized in existing health and nutrition platforms i.e., health mother groups, growth monitoring promotion centres, outreach clinics and immunization centres, for nutrition counselling and education. There was also continued discussion and advocacy with municipalities regarding how they can continue nutrition interventions. Bheri Municipality, for example, has allocated NPR 4 million (approximately 29,304 USD)[1] for nutrition, and similarly other municipalities also have plans to link up with the activities of the Multi Sector Nutrition Plan.

III. Handover mechanism of project activities with respective stakeholders

1) Protection Cluster

- At the end of the project, the five established WFSs were handed over to the local government in Bheri Malika, Nalgad, and Barekot (Jajarkot) and Sanni Bheri and Aathbiskot (Rukum West).

- Local government service providers were engaged in GBV prevention, response, and SRH services to ensure a smooth transition and continued service delivery.

- Beneficiary data from various interventions, including services provided through reproductive health camps, was handed over to the local government. The RH camp data will also be uploaded into the Health Management Information System.

- CFSs and recreational kits were handed over to the local municipality's women and children section, elected representatives, and officials through a formal handover ceremony. Counselling centres were handed over to the local governments, and these centres remained functional after the end of the JRAP project, ensuring sustainability and continuity of services. Vulnerability assessment reports were handed over to the local government's women and children unit to ensure that vulnerable children and their families receive appropriate services

2) Shelter Cluster

- In January 2025, shelter cluster-related project documents were handed over to the Ministry of Physical Infrastructure and Urban Development at the provincial level.

[1] UN exchange rate (1 USD – 136.5 NRP) dated 27 May

- In January 2025, local governments of Jajarkot and Rukum West districts received project documents in the presence of Chief District Officers, District Administration Offices, District Coordination Committee, the NGO federation, and beneficiaries.

- Project documents were handed over at the federal level to Mr. Yekraj Aryal, Deputy Director General of the DUDBC, the shelter lead at the federal level in January 2025.

- In February 2025, all documents were handed over to the NDRRMA.

3) Nutrition Cluster

- Since the inception of the Joint Programme, the nutrition sector informed municipal level stakeholders that the all the nutrition interventions are designed to strengthen the health system. Existing health workers and FCHVs will be mobilized through the existing health and nutrition platform so that it will easily become part of local government. Accordingly, all the nutrition recovery interventions were implemented.

- The chiefs of health sections and health in-charges also engaged in programme monitoring. The total 8548 of mothers/ caregivers counselled, were recorded in the FCHV registers.

- Following the completion of the project, implementing partners Mercy Corps and HRDC organized a formal progress sharing and handover meeting at municipal levels where they shared the results to date. This included 8548 of pregnant and breastfeeding mothers reached, 625 of health workers and FCHVs trained, and the health mother groups, 28 outreach clinics and immunization centres utilized to disseminate nutrition messages.

4) Food Security Cluster

- Sustainability and handover: All rehabilitated schemes have been formally handed over to local governments, with a commitment to repair and maintenance as needed. Scheme-specific operation and maintenance committees have been established, supported by comprehensive operation and maintenance plans. These committees are responsible for addressing minor repairs and maintenance. Post-construction orientation and training have been provided to operation and maintenance committee members, equipping them with essential repair and maintenance skills. Community-level operation and maintenance committees have been formed, and post-construction management training has been conducted to enhance the long-term sustainability and durability of the infrastructure

Challenges

- **Accessibility**

- The monsoon season that spans from June to September was the key time of damage verification, design estimation and source assurance and caused significant delays in launching activities in several communities.

- Heavy rainfall made access to these areas difficult, hampering field work including field surveys and transportation of supplies and construction materials.

- The challenging road conditions and increased risks of landslides also limited the movement of field teams, further slowing progress on planned construction projects. These delays have consequently impacted the timeline for restoring essential services and infrastructure in the affected areas.

- **Local Capacity**
  - All cluster activities were impacted by the lack of skilled labourers and limited manpower in the targeted communities. This resulted in delays in the implementation of some of the planned interventions, which had a greater impact as the implementation timeline of the Joint Programme was tight.

  - The capacity of local partners, especially in the areas of reporting and documentation, was limited and there was limited understanding of PSEA, with frequent misconceptions equating it to GBV.

  - A shortage of trained health professionals hindered the rollout of training on the minimum initial service package, clinical management of rape, and intimate partner violence, with many remote healthcare workers lacking exposure to emergency reproductive health protocols. Some facilities also struggled to provide survivor-centred GBV care, and staff turnover led to inconsistent service quality.

  - The limited number of trained and qualified professionals in child protection at the local level posed a significant challenge. This lack of expertise hindered the effective identification of vulnerable children in need of protection services and addressing their complex needs, sometimes leading to gaps in service delivery.

  - Limited awareness of green technologies: Adoption of sustainable and environmentally friendly construction methods remained low due to a lack of awareness.

  - The limited number of trained and qualified professionals in child protection and GBV at the local level posed a significant challenge. This lack of expertise hindered the effective identification of vulnerable women and children in need of protection services and addressing their complex needs, sometimes leading to gaps in service delivery.

- Some of the FCHVs had knowledge and skill gaps, which hindered efforts to deliver nutrition messages, and information.

- Irregular health mother groups meetings: Extra effort has been made and time allocated to revitalize health mother groups to provide counselling services to mothers.

- **Government policies and procedures**
  - Government policies restricting domestic transfers to individuals without a bank account created barriers for vulnerable populations, particularly women and girls, during crises. Many pregnant and lactating mothers lacked correct documentation or banking access, delaying urgent financial support.

  - Coordination challenges with government entities affected programme execution, as frequent scheduling changes delayed training and health service rollouts. Approval processes for cash assistance took longer than expected, slowing support for survivors.

- **Operation and context**
  - Although funding was available, mass shelter construction was not possible as the reconstruction guideline had not been endorsed, and the detailed damage assessment was yet to be completed in the area. As a result, the number of model houses constructed had to be limited.

  - Restricted women's participation: Gender stereotypes limited the involvement of women in some of the programme activities and reduced their level of engagement in training and decision-making processes.

  - In some areas there were attempts at exerting political pressure/interference during the selection of FFA activities and beneficiaries.

  - Some reports indicated inappropriate requests for cash from beneficiaries by local leadership.

  - In one of the WFP-supported activities, unforeseen events led to the injury of programme participants engaged in the construction works.

  - The short timeframe for implementing the JRAP Joint Programme hindered the efforts of conducting a comprehensive assessment of the emerging conditions and challenges faced by the target communities, which was essential for understanding their specific needs and vulnerabilities. Long-term support strategies are crucial for ensuring the sustainability and lasting impact of any intervention.

Lessons Learned

- **Multi-cluster programming approach**
  - The multi-cluster programming approach applied under the JRAP Joint Programme has effectively addressed the diverse needs of affected populations and marginalized communities in a holistic manner. It has optimized the use of resources, enhanced communication between the government, humanitarian organizations and communities, and ensured comprehensive and effective service delivery in addition to cost-effective and sustainable results.

  - A holistic recovery approach has enabled affected individuals, especially women, children, adolescents, and persons with disabilities, to access comprehensive child protection and GBV services including psychosocial services.

  - Joint United Nations coordination efforts with the local governments and affected population throughout the planning of recovery activities, identification/selection of project beneficiaries, project sites and implementation/monitoring of the activities to ensure transparency, accountability, local ownership and sustainability, can contribute to sustainable and inclusive development.

  - Blending of conditional and unconditional assistance along with nutrition top-up support was effective and helpful in addressing the specific needs of affected people and maintaining social justice and inclusion in society as per the principle of leaving no one behind.

- **Improved access to basic services**
  - Embracing development principles such as the ‘one household, one tap’ policy and ensuring chlorination of water supplies, has significantly enhanced the quality of early recovery efforts.

  - CFSs played a crucial role in helping children rebuild their confidence and resilience, enabling them to face the challenges ahead with greater strength and optimism. These CFSs also allowed parents/caregivers to focus on rebuilding their lives without having to worry about the safety and care of their children.

  - WFSs played a crucial role in fostering the resilience of GBV survivors by providing comprehensive services that address their physical, emotional, and social needs. These spaces act as safe environments where survivors can access food, shelter, counselling, medical support, and legal aid, while also being linked to a network of referral mechanisms for additional resources.

- Mobilizing the existing health network, such as FCHVs for home visits to disseminate SRH camp information and conduct fistula screenings, proved to be cost-effective and a sustainable approach.

- Psychosocial support interventions helped to build resilience by providing women, children, adolescents, and persons with disabilities with coping strategies and skills to manage stress and adversity. This ultimately supported them in navigating the recovery process and facing future challenges.

- Integrating protection against SEA initiatives into joint recovery programmes has raised awareness about SEA among humanitarian aid workers and community members. This has promoted access to reporting mechanisms and encouraged help-seeking behaviours.

- Mobilizing local human resources, such as volunteers, facilitators, health service providers, and community-based psychosocial workers ensured that recovery efforts were rapid, culturally appropriate, cost-effective, and sustainable.

- **Localization and sustainability**
  - Engaging the affected communities in all the programme phases contributed to the success of the implementation of the Joint Programme.

  - Engagement of partners, who are familiar with the targeted municipalities and communities, facilitated the implementation of the Joint Programme.

  - Local skill development activities equipped the communities with the experience and knowledge that promote their ownership and engagement.

  - Local capacity building strengthens construction efforts: Investing in the capacity of municipality officials, local engineers, masons (providing a toolkit to these trained masons), and entrepreneurs assisted in building a skilled workforce that can drive safe construction practices during the reconstruction phase.

  - Engaging local expertise ensures sustainability: Incorporating local knowledge in socio-technical interventions leads to more effective solutions and long-term sustainability.

  - Empowering local governments enhances sustainability: Sustainability is best achieved by enabling local governments to take leadership roles while providing technical support to strengthen their ownership. For example, green technology-based enterprises were established under a public-private partnership model to promote local ownership and ensure long-term sustainability.

- Flexible approaches lead to better outcomes: Adapting activities based on local needs increases effectiveness and the likelihood of success.

- Collaborative efforts enhance impact: Pooling resources and expertise across partner agencies allows for a more comprehensive and effective response to community needs.

- **Adopting innovative programming solutions/modalities**
  - Resilient, sustainable, inclusive, productive and protective infrastructure can be developed with available resources if adequate attention is paid to the green conservation, resilience, and accessibility during design, estimation, construction, supervision and quality assurance phases.

  - Proper project handover builds trust and credibility: Ensuring thorough documentation handover at the project's conclusion fosters trust and credibility among different levels of government.

  - Income generation activities provided long-term support to the families of the most vulnerable populations, particularly women, children, adolescents, and persons with disabilities, helping them to sustain their income, making them more resilient for future crisis.

  - Home visits/one-on-one nutrition counselling influence family members to support mothers to improve nutrition.

Recommendations for future programming (similar joint programme)

- Promote the **multi-cluster programming and area-based planning** approaches in early recovery contexts, to enhance sustainable, inclusive and localized service delivery.

- Promote **localized solutions** by enhancing the capacity of local communities and equipping them with the knowledge, experience, tools, and resources that will leverage community engagement and inclusiveness in achieving sustainability and resilience.

- Blend conditional and unconditional assistance to address the specific needs of the affected population based on their vulnerability and capability.

- Ensure **effective collaboration and engagement** with local governments and affected populations for the planning of recovery activities, identification/selection of project beneficiaries, and project sites and implementation/monitoring of the activities to ensure transparency, accountability, local ownership and sustainability.

- Enhancing the **coordination and communication mechanisms** across the three-tiers of government is essential to make the joint/multi-cluster programmes successful and productive.

- **Joint monitoring** by all stakeholders ensures quality, identifies interlinkages and complementarities across sectors, and enhances the collective impact of interventions in communities.

- Promote **cooperative agreement modalities** at the local level, such as in WASH activities, for the sustainability of service delivery, and make a formal agreement among key stakeholders (local government, Palika and user committee) to ensure shared accountability, define roles clearly, and commit to long-term project sustainability.

- **Leverage skilled local resources for reconstruction**: The trained local organizations, masons, engineers, and volunteers who received training under the JRAP Joint Programme are community valuable resources for future reconstruction efforts and a potential experienced human resource for jobs and income-generating opportunities in their areas.

- Ensure **clear documentation requirements** from the start: Expectations regarding documentation should be clearly outlined during the initial phase of project development. This will enable partner agencies and implementing partners to systematically maintain relevant data and information from the outset.

- Promote the approach of **blending 'green' conservation with 'grey' engineering techniques** and labour-based technology in creating community assets to ensure nature-based protective and climate-smart infrastructure for ecosystem-based adaptation/ resilience. This will also facilitate climate-proofing of each infrastructure and generate local employment.

- Work closely with local governments and affected populations for the planning of recovery activities, identification/selection of project beneficiaries, and project sites and implementation/monitoring of the activities to ensure transparency, accountability, local ownership and sustainability.

- Integration of income generation activities into protection programming for vulnerable women, children, and their families can foster efforts to achieve economic stability.

- Long-term support strategies that include income generation are more sustainable. They provide a pathway for individuals and families to become self-sufficient, reducing the need for ongoing external assistance.

- Integration of protection initiatives in the governments' annual plans and budget for continuity of services and sustainability.

- Integration of the protection component in other sectoral plans and programmes to ensure a protective environment for affected vulnerable populations, particularly women, children, adolescents, and persons with disabilities.

JOINT RECOVERY ACTION PLAN (JRAP) AND HUMANITARIAN RESPONSE: WESTERN NEPAL EARTHQUAKE AND THE ONSET EMERGENCIES JOINT PROGRAMME

Annex 3: Accountability to Affected Populations

Integration of the PSEA and AAP into JRAP: *Ensure accountability to affected populations by maximizing the effective and equitable use of all resources for the benefit of earthquake-affected communities. Integrate robust Protection from Sexual Exploitation and Abuse (PSEA) measures into all programme components, fostering a culture of respect, safety, and accountability at every level of engagement.*

The AAP activities under the JRAP Joint Programme fall under three broad categories.

1. Information dissemination and communication

As part of the efforts to disseminate information about the JRAP Joint Programme and the mechanisms for reaching beneficiaries, a variety of communication methods were employed. Information from all clusters regarding their specific programmes was conveyed through government representatives at the federal, provincial, and local levels, ensuring a structured and coordinated approach to outreach. In addition to these formal channels, the clusters actively participated in regular District Disaster Management Committee meetings in the two targeted districts. These meetings provided an opportunity to share detailed updates on project plans and activities, fostering collaboration among stakeholders and ensuring alignment with local disaster management efforts. This multi-channel approach helped enhance awareness, facilitate coordination, and strengthen engagement with beneficiaries and local authorities.

1.1 Reaching out to beneficiaries

The **Shelter Cluster** developed comprehensive information, education and communication (IEC) materials focusing on safe shelter practices, socio-technical facilitation, and PSEA, all of which prominently featured its CFM channels. Project staff, implementing partners, and youth volunteers engaged directly with local communities to raise awareness about the programme's activities. CFMs and PSEA messages were reinforced through hoarding boards, radio episodes and public service announcements. All IEC materials and audio-visual content were also displayed on televisions placed at local level offices.

The **Food Security Cluster** reached out to beneficiaries during the programme registration process to inform them about the programme, safeguarding information, and the CFMs. Participants in the programme and user committees were further briefed about the CFMs, their purpose, objectives and utilization in addition to information shared through training manuals.

Furthermore, information boards at project sites, IEC materials, radio broadcasts, SMS alerts, and internet-based messaging channels were utilized to effectively communicate programme details and the CFM process to the community.

Similarly, the **Protection, WASH and Nutrition clusters** reached out to beneficiaries and informed them about the programme's details and the CFMs through their implementing partners, local health mobilizers and user committees. In addition, CFM-related information was disseminated through CFSs, WFSs, distribution points, psychosocial counselling services, and community-based psychosocial workers, providing multiple avenues for engagement and awareness.

2. Complaint and feedback mechanism

Establishing a robust CFM is crucial for effective beneficiary engagement, serving as a two-way communication channel where individuals can voice their concerns, provide feedback, and share suggestions. Recognizing its importance, all clusters either set up dedicated hotline services or used the already established hotline service to ensure that complaints and feedback were properly registered. In some cases, these hotlines were created specifically for individual projects, while others leveraged existing government hotline services to streamline programme-specific feedback collection and complaint resolution.

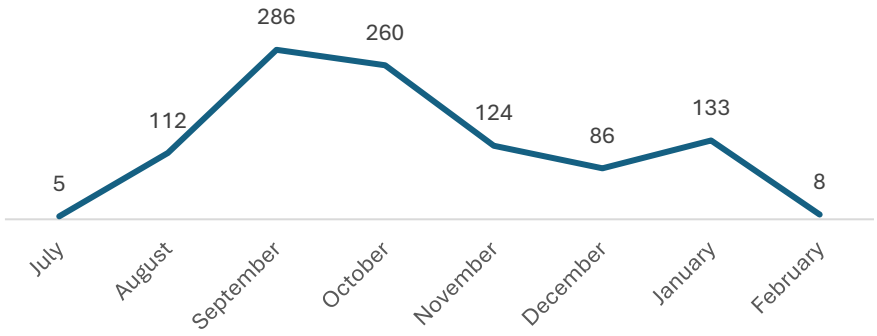
To expand outreach and accessibility, multiple communication channels were introduced, including suggestion boxes, help desks, and dedicated email addresses. In addition, CFM focal points were assigned to coordinate with programme officers, ensuring that complaints and suggestions were addressed efficiently. Beyond formal mechanisms, informal interactions with beneficiaries—such as joint field visits and direct community engagements—played a vital role in capturing public perception and gathering valuable insights about the programme.

These diverse channels enabled broad community participation, and the majority of the feedback and complaints received were successfully resolved, reinforcing trust between the humanitarian response teams and the affected populations.

Complaints were categorized as follows:

Categories of complaints and feedback
Request for information
Request for assistance
Positive feedback
Complaints
Protection, safety and security
Misconduct

CFM calls by month for the Food Security Cluster



3. Impact of the CFM in JRAP implementation

- The **Food Security Cluster** effectively analysed beneficiary feedback to enhance programme delivery. Based on the insights received from the community, the food security programme reverified the initial beneficiary list according to the eligibility criteria. As a part of the right to information and public disclosure rules of the government, the local government displayed the initial beneficiary list in addition to selection criteria for public information and complaints/claims from citizens.

- The **Shelter Cluster** effectively used the CFM to address socio-technical support requested from communities that were rebuilding homes, including inspection by engineers for earthquake-resistance construction. The team promptly assessed structures, provided on-site guidance, and connected residents with engineers and resources. This strengthened safe construction practices, improved housing safety and showcased the CFM's roles in fostering resilience.

- The **Shelter Cluster** actively collaborated with government hotline services and advocated for the utilization of municipal CFMs to enhance community engagement. To support this effort, an IEC material (see at right) was developed to help local authorities promote and increase the use of their formal CFM channels. This initiative aimed to ensure that communities are aware of accessible platforms for raising concerns, providing feedback, and lodging complaints, ultimately strengthening accountability and responsiveness in shelter and recovery efforts.

JOINT RECOVERY ACTION PLAN (JRAP) AND HUMANITARIAN RESPONSE: WESTERN NEPAL EARTHQUAKE AND THE ONSET EMERGENCIES JOINT PROGRAMME

Annex 4: Report on Protection from Sexual Exploitation and Abuse (PSEA)

1. Introduction & Background

Sexual Exploitation and Abuse (SEA) is a critical issue in humanitarian settings, particularly in disaster-affected areas where vulnerabilities are heightened. The Joint Recovery Action Plan (JRAP) Joint Programme, under the leadership of the Resident Coordinator's Office, United Nations agencies (UNICEF, UNFPA, WFP, IOM) implemented PSEA measures to strengthen awareness, prevention, and response mechanisms. The strategic initiative was designed to ensure that recipients of aid were safeguarded from SEA and that affected communities were informed of their rights and reporting mechanisms.

Before the JRAP interventions, key risks included:

- Limited awareness and understanding of SEA risks among the affected communities and implementing partners.
- Beyond the inherent stigma and fear, a fundamental issue is the lack of public awareness and trust in reporting and responding mechanisms. This creates an environment where the affected community or individuals are reluctant to come forward when SEA is perpetrated by the person in a powerful position.
- Insufficient safeguarding policies and response structures across local governance structures.

A coordinated, United Nations-wide approach was taken to address these risks, ensuring that PSEA efforts were integrated across humanitarian sectors, including protection, WASH, nutrition, shelter, and food security, through capacity building of stakeholders and community outreach events.

2. Key activities implemented

The multi-layered strategic interventions emphasize systemic strengthening, capacity building, government collaboration, and community engagement.

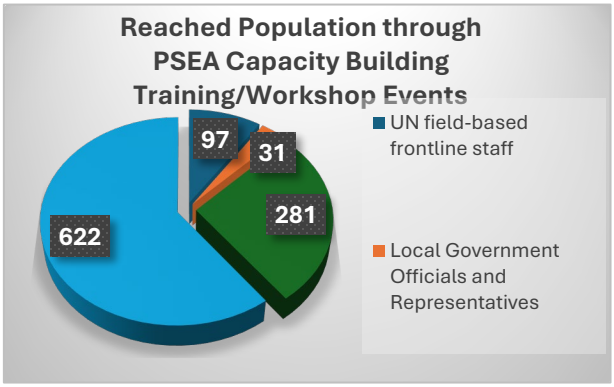
2.1 Systemic strengthening and prevention mechanism enhancement

A comprehensive PSEA capacity assessment of 18 implementing partners was undertaken, and tailored support through joint workshops and assistance from individual agencies assistance was provided. The systematic assessment and support approach across projects ensured consistent

PSEA standards and fostered a culture of accountability. This created a standardized procedure for all implementing partners.

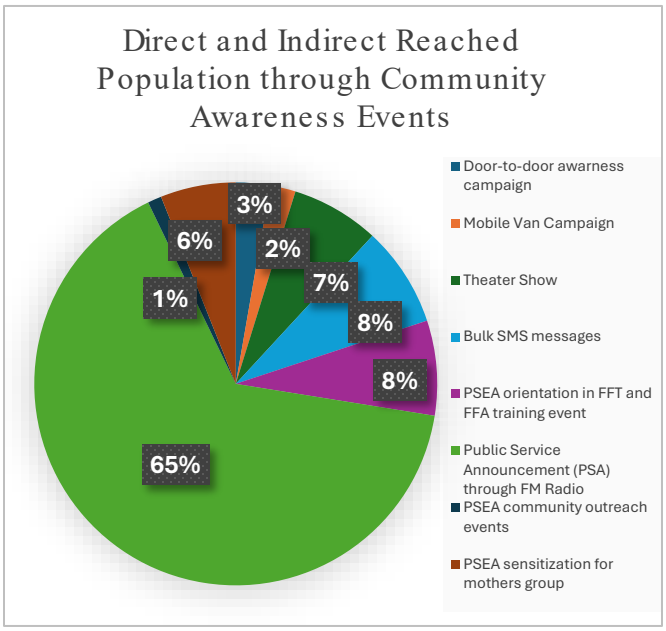
Workshops with local government representatives and officials were facilitated, localized action plans developed, and support for their implementation provided.

This comprehensive PSEA capacity-building initiative strengthened local protection mechanisms across 13 project municipalities. Recognizing the diverse stakeholders involved, the programme employed a dual approach: eight joint inter-agency training workshops fostered collaborative understanding among United Nations field staff and contracted partner organizations, and local government officials. Similarly, 43 cluster-specific events addressed vendors and suppliers, health workers and FCHVs. This targeted approach, reaching 1,025 individuals, aimed to empower community-based PSEA champions. These champions contributed to raising awareness using a variety of approaches.



2.2 Community engagement and awareness raising

Diverse community outreach events on PSEA were organized to raise awareness and engage the community in strengthening local protection systems. A total of 171 community awareness events utilizing various communication channels were organized to reach a wide audience in the affected communities. These community outreach sessions included door-to-door PSEA awareness sessions reaching 3,880 individuals from 821 households, awareness sessions in communities using mobile vans reaching 2,906 individuals from 619 households, and open theatres in communities reaching 10,017 individuals from 2,127 households. The community outreach activities also included bulk information SMS messages reaching 11,411 individuals, FM radio public service announcements reaching 92,493 individuals, PSEA awareness sessions in mothers groups reaching 8,566 individuals (mothers), PSEA community outreach events reaching 1,574 individuals, and PSEA orientation training events under FFT and FFA programmes reaching 10,786 individuals.



2.3 Strengthening reporting and accountability mechanisms

A multi-faceted approach was implemented to enhance reporting and accountability, focusing on the establishment and reinforcement of robust FCMs. Standardized hotlines, compliant mechanisms, and systems for reporting to and responses of the helplines of the United Nations (UN SEA Reporting Hotline 01-4290098) and of the government (national hotlines and helplines 100 for the Nepal Police, 1145 for the National Women Commission and 1098 for the Child Help Line) were introduced, ensuring clear and accessible avenues for reporting concerns. Information about the hotlines/helplines, including how to seek help or lodge a complaint or a report, were disseminated among all partners and communities through various trainings and capacity building events, community outreach and awareness events, and advocacy activities.

The United Nations initiative successfully created widespread awareness of PSEA with clear guidance on reporting mechanisms to a large audience in the communities for the first time. Although no PSEA cases were reported from the JRAP locations during the project period, the UN SEA Reporting Hotline did receive 13 calls, of which 10 were test calls from community members, 1 was related to Child Help Line, and 2 were to report concerns related to the Food Security Cluster. The community members making the 3 (non-test) calls received the information they requested during the calls.

To elicit community perceptions on PSEA, the United Nations included PSEA-related questions in a perception survey. The results of the survey suggested that 97 per cent of respondents reported no safety challenges faced by their household members, which would suggest a widespread perception of security in the sphere of aid and recovery interventions. In addition, the findings show a high level of community awareness about PSEA, with over 80 per cent of respondents knowing where to report incidents of SEA. This indicates that the community has access to essential information on PSEA and reporting through the various mechanisms of raising awareness undertaken by the project.

3. Key results and outcomes

The Resident Coordinator's Office led concrete and collaborative efforts to enhance coordination among United Nations agencies, local governments, and implementing partners for the JRAP Joint Programme, ensuring a unified understanding of PSEA principles and roles in preventing SEA to protect the project beneficiaries and communities. Regular coordination meetings of this joint initiative among United Nations agencies, local governments, and implementing partners helped to foster efficient collaboration, sharing intervention plans and updates, and enforcing increased accountability with a shared commitment to safeguarding beneficiaries.

- **Implementing partners:** United Nations' implementing partners developed a comprehensive PSEA action plan, strengthened internal policies, established or strengthened internal reporting mechanisms, and appointed dedicated and trained PSEA focal points.

- **Local governments:** A total of 13 local governments (100 per cent) developed comprehensive PSEA action plans, demonstrating a firm commitment to integrating PSEA activities into their regular planning processes in the future. Notably, two local governments formally endorsed and successfully established mechanisms for reporting and responding to complaints, thus enhancing accountability. All 13 local governments actively engaged in PSEA awareness and outreach activities in close collaboration with the United Nations and its contracted partners, reinforcing community protection.

- **Impact in the community:** This joint initiative, through collaboration with various partners and stakeholders, reached 141,638 people in the community, both directly and indirectly, through various PSEA awareness, outreach, and capacity building activities.

4. Challenges and lessons learned

The JRAP Joint Programme faced some significant challenges during implementation of its PSEA activities.

- **Funding:** Constraints due to lack of dedicated PSEA funding was a significant challenge, hindering efforts to strengthen PSEA systems, especially those of the implementing partners. A key lesson learnt was the need to allocate sufficient resources and integrate PSEA into project design from inception to ensure early risk assessment and identification and develop tailored mitigation measures. It is also necessary to provide support to strengthen the PSEA system including to develop and implement robust policies, recruit and train the necessary personnel, establish and operationalize effective reporting and response mechanisms, carry out awareness activities, and provide services to protect vulnerable populations in the communities.

- **Knowledge gap:** The key challenge was the lack of understanding among communities and stakeholders regarding the distinct nature of SEA and GBV. This gap in knowledge made it difficult for the effective prevention of and response to SEA cases. To address this, continuous PSEA awareness and capacity building are crucial at community, local, and national levels.

- **Sustainable PSEA systems:** The lack of established, sustainable PSEA systems and capacity within local governments and implementing partners was also a key challenge. A crucial lesson learned is that establishing sustainable PSEA systems requires sustained, long-term support. This involves building the capacity of implementing partners and local governments to strengthen their PSEA systems, implement robust monitoring and reporting mechanisms, and integrate PSEA issues into project and local-level planning and budgeting.

5. Conclusion and way forward

The United Nations-wide PSEA initiative under the JRAP Joint Programme has demonstrated that collaborative, multi-sectoral approaches are essential to safeguard communities from SEA. To sustain the achievements, future efforts should focus on the following:

- Scale up joint PSEA programming across all humanitarian interventions.
- Institutionalize PSEA policies within government frameworks.
- Advocate to strengthen reporting mechanism, survivor-centred response services, and service mapping among local partners and governments.

By maintaining momentum, the United Nations agencies together with donor/funding organizations and partners can continue to build and foster a safer, more accountable humanitarian environment that upholds the dignity and prioritizes the protection of affected communities.