



Final Evaluation Report

Evaluation of UNICEF's Response and Recovery Efforts to the Gorkha Earthquake in Nepal

(25 April 2015 – 31 January 2016)

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Acronyms

AAP	Accountability to Affected Populations
AAR	After Action Review
C4D	Communication for Development
CCC	UNICEF Core Commitments for Children in Humanitarian Action
CCWB	Central Child Welfare Board
CDO	Community Development Officer
CFS	Child Friendly Space
CFP	Common Feedback Project
CLA	Cluster Lead Agency
CNW	Child Nutrition Week
CoC	Code of Conduct
CPAP	Country Programme Action Plan
CPO	Child Protection Officer
CPSW	Community Psychosocial Worker
CwC	Communicating with Affected Communities
DCWB	District Child Welfare Board
DDF	District Development Fund
DDRC	District Disaster Relief Committee
DEO	District Education Officer
DoCR	Department of Civil Registration
DoE	Department of Education
DRR	Disaster Risk Reduction
DWASH CC	District Water Sanitation Hygiene Coordination Committee
DWCO	District Women and Children Office
DWSSDO	Drinking Water Supply and Sanitation District Office
EHA	Evaluation of Humanitarian Action
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GD	Group Discussions
GoN	Government of Nepal
HAC	Humanitarian Action for Children
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HPM	Humanitarian Performance Monitoring
HQ	Headquarters
IASC	Inter Agency Standing Committee
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
IMCI	Integrated Management of Child Illnesses
IMO	Information Management Officer
INGO	International Non Governmental Organisation
IRP	Integrated Response Plan
KII	Key Informant Interviews
L2	Level 2 Emergency
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
MIRA	Multi-cluster Initial Rapid Assessment

MOHA	Ministry of Home Affairs
MSNP	Nepal Multi-sector Nutrition Plan
MWCSW	Ministry of Women, Children and Social Welfare
NCO	UNICEF Nepal Country Office
NGO	Non Governmental Organisation
NRA	National Reconstruction Authority
OCHA	Office for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
OECD/DAC	Organisation for Economic Cooperation and Development/Development Assistance Committee
OPC	Outpatient Care
OTC	Outpatient Therapeutic Care
PCA	Programme Cooperation Agreement
PDNA	Post Disaster Needs Assessment
PFA	Psychological First Aid
PHC	Primary Health Care
PLW	Pregnant and Lactating Women
PTA	Parent Teacher Associations
ROSA	UNICEF Regional Office for South Asia
RRT	Rapid Response Team
SAM	Severe Acute Malnutrition
SMC	School Management Committees
SSFA	Small Funds Agreements
SO	Site Office
SOP	Standard Operating Procedures
TLC	Temporary Learning Centres
ToC	Theory of Change
UASC	Unaccompanied and Separated Children
UASVC	Unaccompanied, Separated and Vulnerable Children
UN	United Nations
VDC	Village Development Committees
WB	World Bank
WCO	Women and Children Officer
WSSDO	Water Supply and Sanitation District Office

1. Executive Summary

Two devastating earthquakes struck Nepal on 25 April and 12 May 2015. In April a 7.8 magnitude earthquake struck the district of Gorkha, 76 km northwest of Kathmandu, and in May, Nepal was hit by a magnitude 7.3 aftershock with its epicentre in Dolakha district.

Nepal had not faced a disaster of comparable magnitude for over 80 years. Although 35 of the 75 districts in the country were affected by the earthquake, 14 of them, with an affected population estimated at 2.8 million, were classified as severely affected. Massive destruction of houses and disruption of basic services threatened the rights and dignity of many, particularly for the vulnerable, women and children.

1.1 Overview of the evaluation purpose

UNICEF has been present in Nepal for over four decades. The 2013-2017 Nepal Country Programme Action Plan (CPAP) aims to address the policy, system and societal causes of inequality and provide children, adolescents and women with access to basic rights. Prior to the earthquake, UNICEF interventions were focused in 15 districts in the west and eastern Terai, which were not affected by the earthquake.

Carried out nine months into UNICEF's response and recovery efforts to the Gorkha earthquake, the evaluation aims to learn lessons from, and strengthen, UNICEF's response to future emergencies. The evaluation also aims to strengthen accountability and transparency to the United Nations (UN), partners, donors and the affected population.

1.2 Evaluation objectives and intended audience

The evaluation has two objectives: to assess how core elements of the emergency response were addressed; and to assess linkages between response, early recovery and reconstruction phases.

The evaluation assessed UNICEF's response and recovery efforts between 25 April 2015 and 31 January 2016 in a sample of the 14 most severely affected districts. The institutional scope of the evaluation was UNICEF's response at the UNICEF Nepal Country Office (NCO) level as well as support received from the regional and headquarters levels under Level 2 (L2) emergency procedures. A detailed assessment of individual sections' responses was beyond the scope of this evaluation and was not attempted.

The evaluation does not assess the performance of the clusters UNICEF co-led. However, the extent to which UNICEF as an organisation fulfilled its commitments to the cluster system was considered, as was the impact of its commitments as Cluster Lead Agency on its overall response.

1.3 Evaluation methodology

UNICEF's response is evaluated against six established Organisation for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) criteria, UNICEF's Core Commitments for Children in Humanitarian Action (CCCs) and the Humanitarian Performance Monitoring (HPM) indicators which were defined for the response. Other core humanitarian standards and Inter Agency Standing Committee (IASC) guidance, such as the Red Cross Code of Conduct and IASC Module for Cluster Coordination at Country Level, provide a secondary framework for the evaluation.

The evaluation team used both qualitative and quantitative methods to ensure the issues were explored in depth, ranging from a thorough document review and semi-structured interviews, to group discussions, field observation and a household survey.

The team travelled to Nepal from 2 to 26 February 2015. Following initial meetings, the team split into two sub teams to conduct field visits from 8 to 17 February. The team visited nine districts and 19 VDCs/municipalities. Field evidence was gathered through key informant interviews (KII), group discussions (GD), field observations and a household survey to the affected population. The evaluation team worked with UNICEF to determine the sample of districts and VDCs/municipalities to be visited.

A total of 163 KII (248 participants, 94 females, 154 males) were carried out, with the following breakdown: UNICEF staff (48), affected population (26), partners (41) GoN (46). Thirty-one group discussions (126 females, 73 males) were organized and included partners, UNICEF staff, affected populations and teachers. Site observations included health centres, outpatient therapeutic care centres (OTC), temporary learning centres (TLCs), child friendly spaces (CFSs), shelter homes, community/individual toilets and internally displaced persons (IDP) sites.

A household survey took place between 26 March and 1 April. Two hundred household interviews were carried out in two districts (100 interviews in each), Dhading and Sindhupalchowk.

1.4 Most important findings and conclusions

Overall, the UNICEF response was outstanding and characterized by a significant initial field presence and early mobilisation of prepositioned contingency supplies, funds and partners. In spite of the fact that the earthquakes had affected staff members, families and relatives, UNICEF Nepal Country Office (NCO) immediately engaged in the response and received significant support from the UNICEF Regional Office for South Asia (ROSA) and Headquarters (HQ) in terms of technical, logistical and management support.

On 25 April, UNICEF's Executive Director declared the situation in Nepal an L2 emergency, suspending the regular country programme for an initial one month period. Lessons from the floods in 2008 were retained and the contingency plans defined in UNICEF's "Early Warning, Early Action" online platform allowed for rapid mobilization of supplies to address the needs of 5,000 families. This was followed by "no regret" supplies from Copenhagen and the deployment of field staff to the affected districts.

Appropriateness

Notwithstanding the Humanitarian Coordinator's (HC) decision not to carry out a Multi-Cluster/Sector Initial Rapid Assessment (MIRA), by 5 May UNICEF had put in place an Integrated Response Plan (IRP). The IRP was aligned with the CCCs and addressed needs identified in the initial inter-agency Flash Appeal. Its strategic objectives also reflected inter-agency priorities.

UNICEF programmes adequately addressed needs. Health and Nutrition were aimed at ensuring access to services and preventing deterioration and outbreaks. Child Protection addressed key protection concerns. Education established a back to school strategy, including construction of safe learning spaces, psychosocial support and school supplies. WASH initially aimed at providing access to full WASH and a hygiene package to all, including IDPs. Communication for Development (C4D) engaged very early in communication and information notably with radio programmes.

The creation of the Communication with Communities (CwC) working group, set up of feedback mechanisms, design of communication activities and harmonization of materials, and use of radio

programmes for mass psychosocial counselling should be highlighted as good practices. However, even though strong tools for communication with communities were in place, community participation remained weak. The decision not to undertake a MIRA, which UNICEF opposed at the Humanitarian Country Team (HCT) meeting, discouraged participation in programme design and only certain programmes (notably Education and Child Protection) developed community-based programmes.

Programme design was equity and gender sensitive, although specific measures to assist these groups were not always implemented in practice.

Connectedness and transition

While UNICEF's response was broadly appropriate, the evaluation identified weaknesses in terms of connectedness. A need to reassess the emergency response became apparent over time. While schools had reopened, at the time of the evaluation team's visit, TLCs were still being built and protection data on vulnerable children collected. Health services had resumed but provisional structures (tents) were still present in many locations and prefab structures had yet to arrive.

The revised Flash Appeal stressed the need for links between relief and GoN recovery and rehabilitation programmes, but recovery and resilience building activities were not included in the IRP which ran from May to August 2015. Although this was identified as a gap in UNICEF's After Action Review (AAR) in June, a framework for transition was only put in place in February 2016 when an Early Recovery and Reconstruction Work Plan was finalised for the period until December 2017.

The lack of a response plan which included both response and early recovery activities was a significant gap to be addressed. In fact, transition and recovery oriented activities should have been foreseen from the beginning of the response.

In the absence of UNICEF wide planning, different sections adopted their own approach towards linking relief and early recovery in line with cluster strategies. Activities to restore schools and health facilities, and cash programming to support self-sufficiency were initiated. Capacity building was also an approach common to all sections. UNICEF's long-standing presence in the country left it well placed to engage in capacity building of line ministries. However, overall, the evaluation found weak linkages between relief and early recovery in most emergency programmes.

The difficulties in establishing this framework were the consequence of a number of complex factors: weak UN leadership, the institutional difficulties experienced by the adoption of the constitution in September 2015 and the associated political and social conflict, limited guidance on early recovery and transition within the CCCs and a view by national authorities of an evolution from relief to reconstruction that sidelined a proper transition phase.

Amongst those most affected by the weak framework for recovery were Nepal's IDPs. In the absence of a comprehensive government or inter-agency response, IDPs faced numerous obstacles to durable solutions and a situation of protracted displacement.

Coordination

In terms of coordination, the roll out of the IASC cluster system was effectively taken on by UNICEF in its four clusters of responsibility: Education, WASH, Nutrition and Protection. UNICEF cluster co-leads were engaged in developing cluster strategies and plans, maintaining monitoring tools, developing coverage maps and drafting lessons learned, amongst other tasks. UNICEF generally fulfilled its responsibility to act as provider of last resort. The excellent array of cluster products that UNICEF co-leads managed to ensure is commendable.

Cluster coordination staffing arrangements put in place varied between sections, and this context specific approach ultimately proved adequate. In all sections, programme staff undertook at least a short period of cluster coordination, with incoming surge staff mobilised to facilitate support for this coordination role. Given its knowledge of local institutions and the confidence and working relations established with line ministries, UNICEF undoubtedly played a unique role in coordination.

Internally, NCO and ROSA management held daily Emergency Management Team meetings at UNICEF NCO. Weekly conference calls were also held with New York and other HQ locations (Geneva, Copenhagen), chaired by the Regional Director. These mechanisms functioned exceptionally well and facilitated joint decision making and strong NCO leadership.

Challenges were faced, however, in terms of coordination and the definition of tasks of the staff deployed to Site Offices, as well as weaknesses in the logistic and operational support to staff in the field.

Coverage

Ensuring adequate coverage posed particular challenges in Nepal, not least due to the inaccessibility of many locations, complex ethnic composition of society and limited institutional capacity to tackle marginalisation and inequality. The humanitarian response tried to address these challenges and ensure assistance was provided to those most disadvantaged.

Initial operational targets were established in the IRP, and UNICEF coordinated coverage with other partners through the clusters. At district level, government coordination mechanisms were primarily responsible for ensuring adequate coverage, and accountability of cluster co-leads seems to have been more diluted, with decisions made mainly by Government of Nepal (GoN) officials.

Integration of UNICEF different sectors into joint programmes was very limited with the cluster system also hampering integrated coverage by UNICEF sections to some extent.

UNICEF requested its partners to address the needs of specific vulnerable groups, and made this an explicit part of PCA documents. However, certain UNICEF programmes, notably Child Protection and Social Policy, appear to have targeted the vulnerable – disabled, women and girls, and economically disadvantaged/vulnerable children – more than others. Full analysis of UNICEF's coverage of vulnerable groups was prevented by the lack of disaggregated programme data available in a number of sections, and the absence of a centralised capacity at UNICEF's level for analysis and reporting.

Efficiency

Notwithstanding the quick initial deployment of UNICEF staff and prepositioned supplies, challenges in timeliness were identified across all sectors. This affected the delivery of supplies and implementation of many activities. The fuel crisis, procurement times, lack of experience with L2 procedures, partners' low performance and the lack of a planning framework from September onwards, all contributed to a slower response between October and February 2016.

The slow establishment of the five Site Offices was a particular concern. Delays in administrative procedures and recruitment held back the roll out of the full capacity of the Site Offices. In fact teams were yet to be completed by the end 2015, and the time elapsed since the closing of the clusters and the general post emergency mode of the operations in the field now challenges their role.

UNICEF fundraising for the emergency is highlighted as successful. UNICEF raised up to USD 116 million of the USD 120 million requested through the Humanitarian Action for Children (HAC). The response also required the mobilization of partners through Programme Cooperation Agreements (PCAs) or Small Scale Funds Agreements (SSFA). These required an effort to monitor and harmonise, and implied multiple management and administrative costs. The outstanding efficiency of the process for the signature of PCAs should be highlighted however, with most of them (85) signed in less than three days from submission.

A number of innovative and efficient approaches were also used to address some of the challenges noted in the response. This included the creation of a Communication with Communities (CwC) Working Group and the design of the Child Consultation to ensure a voice for children in the Post Disaster Needs Assessment (PDNA) process.

UNICEF also established a third party monitoring partnership and carried out periodic external monitoring of UNICEF activities. While this is a very interesting initiative, its efficiency and effectiveness should be gauged by the use that the different sections made of its feedback, and its influence in establishing a culture of integration within UNICEF.

Good practice and innovation

UNICEF has developed interesting and innovative approaches to critical aspects of the humanitarian response. To be noted in particular is the CwC working group, with the tools associated. The Child Consultation was as well unique and will eventually have relevance in the reconstruction process. The Child Nutrition Week managed to boost coverage of nutrition related strategies in a cost effective way.

The cash top up transfer is one of the examples of good practice. The evaluation highlights the efficiency gains that the approach offers but raises the need to improve flexibility. The continuation through a blanket grant for under five children is a valid development approach, possibly to be followed by the GoN, and has undoubtedly targeting and efficiency advantages.

The cholera prevention and response measures put in place by WASH, Health and C4D sections should be highlighted as appropriate and effective and should be retained as good practice in similar situations.

Effectiveness

As of December 2015, UNICEF had largely achieved its targets under the HAC, with the exception of the number of cases of severe acute malnutrition treated (due to the debatable model for estimating the target), and the indicator related to access to sanitation.

In collaboration with other stakeholders, UNICEF contributed to preventing the deterioration of access to health services for children and women and increase in malnutrition rates. A combined Health and WASH approach, including an early contingency plan, was able to limit and control the outbreak of cholera detected in early August. The Education programme ensured the safe return to school for 179,300 children from the communities affected while the Child Protection programme supported data collection activities which were a first for vulnerable children and key to strengthening child protection systems.

Analysis of HPM results, however, provide a partial understanding of the effectiveness of the response; not all programme activities are reflected, disaggregated data is not reflected, and indicators are primarily output focused and unable to capture programme outcomes.

Conclusions

No clear theory of change underpinned UNICEF's response and this undoubtedly contributed to the lack of an integration of early recovery activities into the response from the beginning and a gap in planning from late August until February 2016. Given UNICEF's highly successful fundraising and the fact that most of the funding obtained was thematic, and so untied, this was a lost opportunity to define an integrated UNICEF approach with clear and substantial objectives and strong links between relief, recovery and development.

This can and should be addressed in future responses through an internal planning exercise in which different sections' activities are integrated. The revision of the current CPAP in 2018 also presents an opportunity to extend some specific regular country programme activities to earthquake affected districts.

1.5 Main recommendations

Recommendations have been arranged in five thematic areas. Specific recommendations are expanded in section 4.2

Recommendation 1: Strengthen preparedness measures

This includes the required training on CCCs and emergency procedures, the formulation of a theory of change, the update of contingency plans through the EWEA system, preparedness to allow for initial Rapid Needs Assessment, and the need to consolidate a core group of partners for emergency response and ensure adequate Disaster Risk Reduction (DRR) components in the CPAP.

Recommendation 2: Increase community participation in programme design and implementation

This encompasses the creation of beneficiary reference groups and strengthening partnerships with local NGOs with a strong field presence.

Recommendation 3: Strengthen data collection, monitoring and evaluation

This includes the clear categorization of data to be collected, a centralised capacity for consolidated data analysis, reinforcement of 3PM and its use of programme design and adaptation, and the suggestion of a corporate review of the HPM.

Recommendation 4: Ensure adequate planning processes and frameworks in future emergencies

This encompasses the need to strengthen corporate guidance on early recovery and resilience, including through a revision of the CCCs, and to ensure that the IRP incorporates from the beginning early recovery actions. It is critical to define a transition plan encompassing emergency response and early recovery activities and bridging with the CPAP. The challenge of programme and geographical integration has to be addressed.

Recommendation 5: Improve timeliness of overall emergency response

This covers the need for more proactive mechanisms to address factors limiting timeliness of the response and recommends expanding cash based programmes to expedite procurement and identifying strategic warehousing opportunities for emergency response.

2. Introduction

Nepal is a landlocked country with a diverse ecology and culture. Half of its 26.5 million people live in the low lying southern Terai plains, followed by 43 per cent in the middle hills and 7 per cent in the northern mountains. According to the 2011 Census, there are 126 caste and ethnic groups, and

123 languages are spoken as mother tongue. Forty-two per cent of the population is under 18 years of age, and 24.2 per cent is between 10 to 19 years.¹

In spite of significant progress towards the Millennium Development Goals, Nepal ranks 145 out of 187 countries in the 2015 Human Development Index (HDI). While overall poverty was decreasing prior to the earthquake, two thirds of children were deprived of at least one of seven basic needs. The Gini coefficient of 32.8, amongst the highest in Asia, clearly highlights the problem of unequal distribution of the gains of development so far.

Inequality is especially evident in terms of geography, age, gender, ethnicity, language, education, HIV status, disability, and income. The situation of women and girls is a particular concern. Women and girls are disadvantaged by traditional practices such as early marriage, stigmatisation of widows, seclusion of women and domestic violence.

Following the 2006 Comprehensive Peace Agreement, Nepal has experienced a complex political transformation. In September 2015 the country adopted a new constitution amidst ongoing strikes and political protest against proposed changes in the eastern Terai districts. The protests had deep support in ethnic Madhesi Terai communities, reflecting a profound, increasing sense of alienation from the state.

Madhesi, Tharu, Janajati, Dalit, religious minorities and women's groups – all considered historically marginalised – claimed the new constitution diluted commitments to meaningful federalism, redress for historical, structural discrimination based on ethnic and religious identity and gender, and democratic consultation. Human rights groups also criticised the new constitution for failing to provide sufficient protection to women and marginalised communities.²

Sit-in protests at customs checkpoints bordering India prevented the supply of petrol, cooking gas and essential basic commodities, severely impacting people across Nepal, including the earthquake affected districts. Routine immunisations were disrupted, schools closed and vehicle movements reduced. Industry and banking services were also severely affected in the Terai.³ The blockade eventually ended after 135 days, but without political agreement, there was an ongoing risk of protests.

2.1 Nepal's gender and human rights challenges

Nepal has ratified seven core human rights Conventions, including the Convention on the Elimination of Forms of Discrimination against Women, the Convention on the Rights of the Child, and all major ILO Conventions.⁴ Despite domestic legal reform in line with these obligations, women and children still experience widespread violations of their rights to life and security of person as well as a range of other basic economic and social rights.

Entrenched social norms have continued to limit substantive gender equality in practice. Women and girls, in many cases of Dalit origin, suffer from harmful traditional practices such as forced and early marriages and *chaupadi* (isolating menstruating women and girls). Over 24 per cent of girls are married between 15 and 19 years.⁵ Children also face discrimination on the basis of gender, caste,

¹ UNICEF/GoN, *Nepal Country Programme Action Plan 2013-17*, 2013, p.5

² International Crisis Group, *Nepal's Divisive New Constitution: An Existential Crisis*, ICG, April 2016

³ UNICEF Nepal, *Earthquake Emergency Response and Current Situation in Nepal*, Annual Management Review, 11 December 2015

⁴ *UN Convention on the Elimination of All Forms of Discrimination against Women*, ratified 22 April 1991, *UN Convention on the Rights of the Child*, ratified 14 September 1990.

⁵ Nepal Multiple Indicator Cluster Survey 2014.

ethnicity, religion, disability, economic status and HIV status. Over 37 per cent of children ages five to 17 are working, the majority of which are in rural areas.⁶

Inadequate prioritisation of resources for child protection work by national institutions remains a serious concern. Gender responsive budget allocations increased from 11 per cent in 2007/8 to 22 per cent in 2014/5. However, there is limited capacity to monitor the budget allocations or track progress achieved. Inadequate sex and age disaggregated data is an additional problem.⁷ Nepal has established a National Human Rights Commission, a Child Rights Desk, a National Commission on Women, and a Dalit Commission to monitor and respond to human rights violations but there is limited public access to these bodies, and their resources and capacities need strengthening.⁸

2.2 Gorkha earthquake: context and humanitarian response

Two devastating earthquakes struck Nepal on 25 April and 12 May 2015. On 25 April a 7.8 magnitude earthquake struck Barpak in the historic district of Gorkha, about 76 km northwest of Kathmandu. On 12 May, Nepal was hit by a magnitude 7.3 aftershock with its epicentre in the Dolakha district, 85 kilometres northeast of Kathmandu. In the month after, there were over 150 aftershocks, including 75 above magnitude 4.5.

Nepal had not faced a natural shock of comparable magnitude for over 80 years. An estimated eight million people, or almost one-third of Nepal's population, were impacted by the earthquakes. Thirty-one of Nepal's 75 districts were affected, of which 14 districts, with an affected population estimated at 2.8 million, were classified as severely affected and prioritised for humanitarian assistance.⁹

According to Nepal's Post Disaster Needs Assessment (PDNA), the total financial loss from the earthquake was estimated at USD 7 billion. The earthquake led to the destruction of over 500,000 houses and massive damage to other public infrastructure such as hospitals, health centres and schools. Over 8,856 people were reported dead and 22,309 injured with assessments indicating that 55 per cent of those killed were female.¹⁰ Forty per cent of those affected were children under 18 years old with the most disadvantaged social groups, including Dalit children, those living in remote areas and children with disabilities suffering the greatest damage and loss.

The Government of Nepal (GoN) immediately declared a state of emergency and requested international assistance to respond to the disaster. Government response was led through the Ministry of Home Affairs (MOHA) and its National Emergency Operations Centre while district level relief activities were coordinated through District Disaster Management Committees chaired by the Chief Development Officer (CDO).

In line with Nepal's National Disaster Response Framework, the clusters were led by relevant government ministries and co-led by humanitarian agencies.¹¹ International relief operations in

⁶ UN Committee on Economic, Social and Cultural Rights, *Concluding observations on the third periodic report of Nepal*, 12 December 2014, UN Doc E/C.12/NPL/CO/3

⁷ UN Country Team Nepal, *Joint Submission to UPR Second Review*, 19 February 2015, <http://www.ohchr.org/EN/HRBodies/UPR/Pages/UPRNPUNContributionsS23.aspx>

⁸ Amnesty International, *Nepal: Police restraint urged as at least 20 more shot amid Constitution-related protests*. 21 September 2015, <https://www.amnesty.org/en/latest/news/2015/09/nepal-police-restraint-urged-as-at-least-20-more-shot/>

⁹ Nepal National Planning Commission, *Nepal Earthquake 2015: A Post Disaster Needs Assessment, Vol. A Key Findings*, Kathmandu: Government of Nepal, 2015.

¹⁰ Nepal Ministry of Home Affairs

¹¹ Ministry of Home Affairs, *National Disaster Response Framework*, July 2013, GoN p.5, <http://www.ifrc.org/docs/IDRL/2011%20National%20Disaster%20Response%20Framework%20%28unofficial%20translation%20%29.pdf>

support of the government were coordinated by the Humanitarian Country Team (HCT), under the leadership of the Humanitarian Coordinator (HC). The Inter Agency Standing Committee (IASC) cluster system was formally activated by the HC on 25 April. Most clusters planned a continuum of activities, with the most urgent being implemented in the first weeks followed by transition activities intended to link to longer-term GoN reconstruction efforts.

An initial United Nations (UN) Flash Appeal was launched by the HCT on 29 April 2015 and requested USD 437 million. In the absence of a multi-cluster initial rapid assessment (MIRA), analysis and planning to inform priorities were based on available reports of damaged buildings and secondary data provided by the GoN. This identified the most immediate humanitarian needs as emergency shelter, food security, access to safe drinking water and sanitation, access to medical care, and protection of women and children, especially internally displaced persons (IDPs), from gender-based violence (GBV).¹² Around 2.8 million people were estimated in need of humanitarian assistance and approximately 95,000 to be internally displaced.¹³ Subsequently, the different clusters carried out sectoral estimations of needs, notably WASH and Education.

To take into account needs which would arise from the monsoon and ensure linkages with the GoN's future recovery and rehabilitation programme, on 29 May the Flash Appeal was revised, extending the inter-agency appeal by two months until 30 September and requesting USD 422 million. Sixty-seven per cent of the requested funding had been covered by the conclusion of the Flash Appeal, making Nepal one of the best funded appeals in 2015 globally.¹⁴

Delivery of relief took place in highly challenging conditions. Assistance was hampered by a largely inaccessible geographical operating environment, the destruction of roads and bridges and monsoon rains from June to September. Low clouds suspended many air operations and hundreds of villages could be reached only by foot. Although market availability was quite good in many areas, after 26 September, new challenges arose due to the economic blockade and related fuel crisis which limited availability of essential imported resources.

On 22 June, following the conclusion of the PDNA, the government declared an end to the emergency phase and a shift from humanitarian response to recovery. On 25 June, the GoN hosted the International Conference on Nepal's Reconstruction requesting USD 6.7 billion. International partners pledged USD 4.4 billion in grants and loans for reconstruction. Implementation of large scale recovery projects was expected to begin by the fourth quarter of 2015.¹⁵ In September, the clusters began a period of transition from interagency coordination mechanisms to pre-earthquake structures. On 31 December, the IASC cluster system was deactivated.

Significant reconstruction was yet to begin at the time of this evaluation. Humanitarian needs also remained significant. The political instability had created a fuel shortage and triggered scarcity of commodities, and high inflation and lack of rains put pressure on food security in the western areas. The fragility of many roads and slopes after the earthquake had increased the risk of landslides and floods. The evaluation team heard that more than 40,700 people were estimated to still be living in IDP camps across the 14 affected districts, and 3.5 million people were in need of shelter support.¹⁶

¹² OCHA, *Flash Appeal for Response to the Nepal Earthquake, April-July 2015*, 29 April 2015

¹³ OCHA, *Flash Appeal Revision, April-September 2015*, 29 May 2015

¹⁴ OCHA, Financial Tracking Service, *Flash Appeal: Nepal Earthquake Flash Appeal 2015*, 24 May 2016 https://fts.unocha.org/reports/daily/ocha_R1_A1100___1603311020.pdf

¹⁵ OCHA, *Nepal Earthquake Humanitarian Response: April to September 2015*, 20 November 2015, <http://reliefweb.int/report/nepal/nepal-earthquake-humanitarian-response-april-september-2015>

¹⁶ Interview with the RC, 23 February 2016

Following months of delays, the National Reconstruction Authority (NRA), tasked by law with moving the government's reconstruction agenda forward, finally began work on 25 December¹⁷. After complex political arrangements, this appointment was envisioned to facilitate and speed up the implementation of reconstruction plans.

2.2.1 Description of UNICEF response, recovery and reconstruction efforts

UNICEF has been present in Nepal for over four decades. Current programmes are set out in the Country Programme Action Plan (CPAP) 2013-2017 and focus on addressing policy, system and societal causes of inequality. The CPAP aims to provide children, adolescents and women with access to basic services enabling them to fulfil their rights. Prior to the earthquake, UNICEF interventions were focused in 15 districts in the western and eastern Terai.

Immediately after the earthquake on 25 April, the UNICEF Nepal Country Office (NCO) and the UNICEF Regional Office for South Asia (ROSA) staff were mobilised. The management established mechanisms for decision making and follow up of the situation. UNICEF was immediately able to mobilise contingency stocks in country to address the needs of 5,000 families. This was followed by supplies mobilised by Copenhagen ("no regret" supplies), and the deployment of staff to affected districts.

On 25 April UNICEF's Executive Director declared the situation in Nepal a Level 2 emergency (L2), and the Country Representative suspended the regular country programme for an initial one month period. L2 procedures remained in place until 25 August with fast track recruitment and special procurement procedures active until the end of December.

On 29 April, the UN Office for the Coordination of Humanitarian Affairs (OCHA) launched an initial Flash Appeal. Out of a total of USD 437 million requested in the appeal, UNICEF requested USD 51.1 million to cover immediate humanitarian needs.

By 5 May, an internal Integrated Response Plan (IRP) had been drafted in line with UNICEF's Core Commitments for Children in Humanitarian Action (CCCs) to cover the first three months of the emergency. This initial framework for the response was later extended by one month until the end of August.

Further to the initial response, UNICEF quickly activated communication to the affected population through radio messaging programmes, initially utilising radio Nepal, which remained operational throughout the period, and subsequently reactivating community radios across the affected areas. In parallel, a proactive communication strategy with materials and specific activities was put in place with the support of headquarters (HQ) specialists, increasing the public interest over the situation in Nepal and successfully promoting mobilization of funds.

Of the USD 422 million requested in the revised Flash Appeal of 29 May, UNICEF requested USD 62.5 million (an additional USD 10.1 million) for immediate needs until the end of September.

On 8 June, the Humanitarian Action for Children (HAC), a longer term, UNICEF specific fundraising appeal was issued covering the period to the end of December 2015.¹⁸ While based on the IRP, it also included early recovery and initial reconstruction needs. The Humanitarian Performance Monitoring (HPM) indicators outlined the intended HAC results, targets and funding requirements. In July, the appeal was revised and fundraising opportunities extended until March 2016. Implementation of activities was extended into 2017.

¹⁷ The bill was endorsed by Parliament on December 16 and the CEO was appointed on 25 December 2015.

¹⁸ UNICEF, Humanitarian Action for Children Appeal Nepal, 8 June 2015, <http://www.unicef.org/appeals/nepal.html>

Until 31 December 2015, UNICEF co-led the WASH, Education, Nutrition, and Protection Clusters as well as the Child Protection sub-cluster, alongside the relevant government co-leads. UNICEF also led and coordinated the Communicating with Affected Communities (CwC) working group. These clusters, now called 'working groups', remain as a forum for coordination at the national and sub-national level with UNICEF's active support as co-lead.

In order to scale up the response, UNICEF activated new partnerships with implementing partners, utilised fast track procedures for recruitment and mobilized surge staff. In addition, UNICEF planned to open five new field offices or Site Offices (SOs) in Gorkha (covering Gorkha, Dhading and Makwanpur), Nuwakot (covering Nuwakot and Rasuwa), Kathmandu (covering Kathmandu, Lalitpur and Bhaktapur), Dolakha (covering Dolakha, Ramechhap and Okhaldhunga), and Sindhupalchowk (covering Sindhupalchowk, Kavre and Sindhuli).

UNICEF received an excellent response to fundraising efforts for the emergency, raising a total of USD 116 million through the Flash and HAC Appeals. By June 2015, UNICEF had raised USD 47.7 million against the Flash Appeal requests. By September 2015, the HAC had already raised USD 104.4 million, and by January 2016 it was also nearly 100 per cent funded, having raised USD 116 million.

Additional funding has since been provided to UNICEF for 2016, namely World Bank (WB) contributions of USD 14 million, which have been channelled through specific agreements with the GoN in order to be employed in the transition phase and aligned with GoN reconstruction plans.

2.3 Purpose and objectives of the evaluation

Thirteen months into UNICEF's response, the purpose of this evaluation is to learn lessons from UNICEF's response and recovery efforts to date and to strengthen future responses. Findings will feed into the NCO's upcoming Country Programme 2018-2022 planning process. The evaluation is further intended to strengthen accountability and transparency to UN partners, donors and the affected population.

Initially designed as a Real Time Evaluation (RTE) to take place in November 2015, delays in the process made a real time exercise impossible. The evaluation was subsequently reframed as an Evaluation of Humanitarian Action (EHA).

This EHA had two specific objectives: 1) To assess how core elements of the emergency response were addressed; and 2) To assess linkages between response, early recovery and reconstruction phases.

2.4 Scope of the evaluation

The evaluation reviewed UNICEF's overall response and recovery efforts between 25 April 2015 and 31 January 2016 in a sample of the 14 most severely affected districts. These were Sindhupalchowk, Kathmandu, Nuwakot, Dhading, Bhaktapur, Lalitpur, Gorkha, Rasuwa, Kavhrepalanchowk, Dolakha, Sindhuli, Ramechhap, Makwanpur and Okhaldhunga. The institutional scope of the evaluation was UNICEF's response at the NCO level as well as support received from the regional and global levels.

To evaluate UNICEF's overall response and recovery efforts, the team sought to identify key issues under each evaluation criteria which were common to the UNICEF sections and programmes. While this evidently required some assessment of sector specific emergency programmes under the CCCs, a detailed evaluation of sectoral response was beyond the scope of this evaluation and was not attempted.

The evaluation did not assess the performance of the UNICEF co-led clusters. However, the extent to which UNICEF as an organisation fulfilled its commitments to the cluster system was considered as was the impact of its commitments as Cluster Lead Agency (CLA) on its overall response. The evaluation referred to the responsibilities of the cluster lead as established by the IASC.¹⁹

2.5 Methodology

UNICEF's response was evaluated against established Organisation for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) criteria, UNICEF's Core Commitments for Children in Humanitarian Action (CCCs) and relevant HPM indicators, the accepted UNICEF framework for humanitarian action.²⁰

In addition, the following standards and IASC policy guidance provide a secondary framework for the evaluation: the Core Humanitarian Standard on Quality and Accountability, Guiding Principles on Internal Displacement, Red Cross Code of Conduct for Humanitarian Organisations, IASC Module for Cluster Coordination at Country Level and IASC Multi-Sector Initial Rapid Assessment Guidance.²¹

The evaluation was based on a mixed methodology. The mixed methods approach includes qualitative and quantitative tools. As specified below, under 2.5.2 methodological processes, these ranged from document review to semi-structured interviews, group discussion and field observation to a household survey carried out in two districts. The evaluation aims through these different techniques to achieve solid evidence through triangulation of findings and complementarity of research methods.

The evaluation integrates a human rights based approach and gender perspective. As such, it takes into account the extent to which UNICEF's response was guided by organisational and system wide human rights and gender equality objectives and achieved these objectives. It also considers how far key human rights and gender equality principles, notably participation, inclusion, non-discrimination and empowerment, were integrated into programming processes.

The evaluation attempted to include, as far as possible, an analysis of equity issues, in particular the extent to which the needs of vulnerable men, women, children, socially excluded groups, the elderly, disabled, very poor and those living in geographically remote areas, were identified and addressed. Wherever possible, a human rights-based approach was applied to the evaluation process itself. This entailed, where available, the collection and analysis of gender and age disaggregated data, the involvement government duty bearers in the evaluation's Reference Group and gender balance within the evaluation team.²²

The evaluation has strictly respected the ethical and evaluation norms and standards of the UN and UNICEF, including: UNEG Standards for Evaluation in the UN System Ethical Guidelines for UN Evaluations and the UNICEF adapted evaluation report standards.

¹⁹ IASC, *Generic Terms of Reference for Sector/Cluster at the Country Level*, Dec 5, 2013, <https://interagencystandingcommittee.org/other/documents-public/generic-terms-reference-sectorcluster-country-level>

²⁰ ALNAP, *Evaluating humanitarian action using the OECD-DAC criteria: An ALNAP guide for humanitarian agencies*, Overseas Development Institute, London, March 2006.

²¹ IASC, *Reference Module for Cluster Coordination at Country Level*, revised July 2015; IASC *Multi-Sector Initial Rapid Assessment Guidance*, 2015, available at <https://interagencystandingcommittee.org/iasc-transformative-agenda/documents-public/multi-sector-initial-rapid-assessment-guidance-revision>

²² UNEP, *Integrating Human Rights and Gender Equality in Evaluations*, August 2014, pp. XXX

2.5.1 Evaluation criteria and evaluation questions

The following six OECD/DAC evaluation criteria provided the framework for the evaluation. Gender equality, protection, participation and local context were applied as cross cutting themes where relevant.

- Relevance/Appropriateness
- Coverage
- Effectiveness
- Efficiency
- Coordination
- Sustainability/Connectedness

Following discussions with UNICEF, the initial evaluation questions elaborated for the RTE were revised and new ones developed based on the original ToR. These were used as the basis for developing an evaluation matrix for the collation and analysis of data (see Annex 6).

2.5.2 Evaluation process: methods for data collection and analysis

The evaluation was based on an evidence-based approach that was as systematic and objective as possible and endeavoured, to the furthest extent, to reach conclusions regarding results supported by valid, reliable data. The evaluation team used both qualitative and quantitative methods to ensure that issues were explored in depth.

Document review

Initial data collection was based on documentary evidence gathered through a desk review where documents were cross-checked with each other. The evaluation team conducted a thorough review of available documents, including key qualitative and quantitative data and critical information from NCO, ROSA, HQ, UN OCHA and partners. Documents consulted included: IRP, HPMs, initial and revised OCHA Flash Appeals, UNICEF situation reports, ECMT/RCMT minutes, NCO After Action Review (AAR), UNICEF District Profiles, the PDNA report, NMICS 2014, NLSS 2010/11, NDHS 2011, End User “Third Party” Monitoring of UNICEF’s Response Reports, and sector specific information, including from the Education, Protection and WASH clusters.

Field Phase

The evaluation team visited Nepal from 2 to 26 February. During the initial period, the meetings with the reference group and UNICEF NCO staff served to refine the methodology, evaluation questions and evaluation approach. Between 8 and 17 February the evaluation team split into two sub teams to cover visits to a number of districts (see tables in Annex 7). Upon the team’s return to Kathmandu they conducted interviews with key informants, UNICEF staff, ROSA staff partners and other stakeholders.

The evaluation team worked in collaboration with UNICEF to determine the sample of districts to be visited. The sample was based on the 14 most severely earthquake affected districts.

The eligible VDCs were purposely chosen on the basis of data available from the monitoring done by UNICEF and from cluster partners. The representativeness of the UNICEF response in a given area was as well taken into account. VDCs which were likely to have been served worse were balanced with those that were rated as better served. Other considerations such as access, ethnicity, level of destruction, pre-earthquake needs, etc., were also considered.

The sample included a diverse population from rural and urban areas and attempted to include representative groups from the different relevant indicators, such as gender, age, socio-economic composition, ethnicity, geographic location, etc. The evaluation team took into account the areas

where UNICEF was implementing activities based on a mapping of UNICEF's presence in sites for IDPs and affected villages.

Field evidence was gathered through key informant interviews (KII), group discussions (GD), field observations and a household survey to the affected population.

The evaluation team visited nine districts and 19 VDCs/municipalities. Site observation included: health centres, outpatient therapeutic care centres (OTC), temporary learning centres (TLCs), child friendly spaces (CFSs), transit homes, shelter homes, community/individual toilets, and IDP sites.

A total of 163 KII (248 participants, 94 females, 154 males) were carried out, with the following breakdown:

- UNICEF staff (48)
- Affected population (26)
- Partners (41)
- GoN (46)

Thirty-one GDs (126 females, 73 males) were organized and included partners, UNICEF staff, affected populations (specific groups of women and other community members), teachers, and School Management Committees (SMCs). Refer to Annex 2 for a description of the discussion groups carried out and the main topics addressed.

The evaluation team ensured that participants were informed of the nature of the activities when gathering information needed in order to get their consent for sharing personal information and also stating a commitment for non-disclosure. The evaluation team respected people's right to provide information in confidence and made participants aware of the scope and limits of confidentiality, while ensuring that sensitive information cannot be traced to its source.

After the field missions, the evaluation team offered a debriefing session directed at UNICEF staff, in order to further validate findings and initial conclusions and address any immediate concerns related to the evaluation. Additional secondary data (sector specific programme documentation, Programme Cooperation Agreements (PCAs), budgetary information, etc.) was also requested to fill information gaps identified during field phase.

This report has been reviewed taking into account comments received from UNICEF and other stakeholders on the first draft version. The main conclusions and recommendations were as well validated by the evaluation team during two presentations in Kathmandu on the 19th and 20th of May, to the Reference Group and the UNICEF team.

Household survey

The household survey took place between 26 March and 1 April after the decision was made to carry out a survey based on a purposive sampling in two of the districts visited to complement the evaluation findings.

The questionnaire is attached in Annex 5. The survey included 200 household interviews and was carried out in two districts (100 interviews in each district), Dhading and Sindhupalchowk, and ten Village Development Committees (VDCs), five in Dhading (Agnichok, Benighat, Chhatre Deurali, Khalte, Sangkos) and five in Sindhupalchowk (Batase, Bhimtar, Petaku, Sindhukot, Tauthali).

The districts were selected out of the 14 districts covered by the evaluation also identified as the most affected and vulnerable districts. The selection of districts for the household survey was based

on the number of UNICEF interventions (those that have six or seven types of interventions, seven being the maximum number of interventions), the political diversity (number of VDCs), the weight of the cash transfer activities in the overall districts, and the level of vulnerability (measured by a higher female population). The selection of Dhading and Sindhupalchowk was based on the fact that they had the highest number and percentage of VDCs with six or seven interventions, Dhading having six or more interventions in 92 per cent of VDCs (46 VDCs) and Sindhupalchowk having six or more interventions in 44 per cent of VDCs (35 VDCs). In each district five VDCs were randomly selected from those VDCs which have six or seven interventions, with only one needing to be replaced because of accessibility issues. (The household survey methodology is further described in Annex 5.)

The survey results are summarized in Annex 3, and relevant parts are included in this report under each section.

2.5.3 Limitations

The evaluation TOR (see Annex 1) defined some of the significant limitations the evaluation was likely to face. The design of the data collection sources and the field visits carried out addressed those limitations and attempted to limit them as much as possible.

One recurrent limitation was the unavailability of key staff who were supporting the early phase of the response, as some of those staff were on short term contracts or surge deployments and were not in place when this evaluation took place. The evaluation examined the lessons learned exercises carried out during the first months, such as the AAR and in particular the interviews with key staff as summarised in the Lessons Learned document (31 July), and identified relevant issues to follow up.

The deactivation of the IASC cluster system in December 2015 and absence of key personnel, including the HC and dedicated staff involved in cluster coordination, limited to some extent the evaluation's assessment of UNICEF's role as CLA.

An additional challenge was the fact that most of the PCAs had a duration of three months, and though many of them have been extended due to different reasons, a significant number of UNICEF activities had already concluded by the time the evaluation took place.

Beyond the results reported against the HPM indicators, access to consolidated data on programme targets and outputs available to the evaluation team, particularly disaggregated data, was limited. UNICEF's end user third party monitoring reports provided one important data source, but did not address all programme activities undertaken.

During the field visits language barriers became evident, which limited direct contact with affected populations. The evaluation tried to overcome this limitation ensuring adequate interpretation, devoting enough time to allow for adequate comprehension and cross checking and triangulating information from different sources. One of the evaluators being Nepali was a critical enabling factor to overcome this limitation.

As the survey size is small (200 households), it is more indicative than significant. Additionally, for questions that do not apply to all of the respondents, the sample size in some cases is very small, such that results should be taken with caution.

3. Evaluation Findings

3.1 Appropriateness

- *To what extent have UNICEF's programmes reflected applicable standards on quality humanitarian action and human rights?*
- *To what extent did UNICEF's response identify and address the different needs of women, men, boys and girls of different ethnicities/castes, socioeconomic conditions, physical abilities and geographical areas?*
- *To what extent have affected populations been involved in the design and implementation of programmes?*

3.1.1 Immediate post-disaster response

UNICEF was immediately able to mobilise supplies and staff, in spite of the fact that the earthquake had affected staff members, families and relatives as well. Lessons from the floods in 2008 and 2014 were retained and contingency plans in UNICEF's "Early Warning, Early Action" (EWEA) online platform allowed for rapid mobilization of supplies. It is commendable that even in the confused situation just after the earthquake and in the midst of concerns over the consequences of the earthquake on the families and relatives of staff members, there was widespread commitment and engagement.

Staff were temporarily reassigned from Zonal Offices and the NCO to the most affected districts, with some sections, notably WASH, Health and Child Protection, managing to recruit and deploy specific staff to the districts to support key government counterparts, such as the CCWB, within weeks. This initial presence in the field was as well a powerful element to ensure the adequacy of the response and the role of UNICEF as first-line response agency. However, some challenges in terms of support, task definition, and establishment of the Site Offices (SOs) have been noted under the efficiency section.

Immediately after the earthquake, the L2 corporate level of emergency was declared, which facilitated fast tracked administration, procurement and recruitment. UNICEF NCO received significant technical, logistical and management support from ROSA and HQ and successfully complied with the deliverables as required by the L2 procedures, immediately defining TORs and holding meetings for REMT, drafting an IRP, establishing advocacy priorities and the HPM system, and defining clear communication messages.

3.1.2 Alignment with standards on humanitarian action

The evaluation team learned that no Multi-Cluster/Sector Initial Rapid Assessment (MIRA) was undertaken following the earthquake. Reasons given for the decision by the HC were the availability of sufficient existing data, the length of the MIRA process and a reported lack of support by government. UNICEF was not in agreement with the decision and expressed this clearly at the HCT meeting.

In a natural disaster setting, tools such as the Multi-Cluster/Sector Initial Rapid Assessments (MIRA) support efforts to reach a common understanding of where humanitarian needs are most severe, which population groups are most in need of assistance, and how a situation is likely to evolve. IASC guidance is very explicit in this sense.²³

²³ IASC, *Multi-Sector Initial Rapid Assessment Guidance (Revision July 2015)* August 27, 2015
https://interagencystandingcommittee.org/system/files/mira_2015_final.pdf

While a case for the limited use of a complex interagency needs assessment has been made, the IASC Transformative Agenda explicitly recognises the critical role of needs assessments as a basis for overall and cluster strategy development. Given the unprecedented scale and nature of the emergency and relative stability of the period which followed, an initial joint assessment appears as missing to identify those most affected and frame the appropriate inter-agency response. It was also a lost opportunity to promote participation by the affected population from the first stages of the response.

3.1.3 Response to local needs

Notwithstanding the lack of a MIRA, by 5 May UNICEF had articulated an IRP which addressed the needs identified in the initial inter-agency Flash Appeal, included strategic objectives which reflected inter-agency priorities, and was clearly aligned with the CCCs. The main needs as expressed by the affected population have been repeatedly captured by different surveys (i.e., the Common Feedback Project (CFP) and the household survey carried out for this evaluation). According to the household survey, respondents overwhelmingly ranked shelter, food, access to water and health as their top priorities and after these cash support and sanitation.

Key aspects of UNICEF's response included:

WASH

The WASH response included three major components, water supply, sanitation and hygiene, and was adapted as needs changed. Demand after the earthquake for the hygiene and water kits was notably higher than that for sanitation, which remained relatively low for the first 1.5 months, though it increased after this initial period. This was noted in the IDP sites, in which the affected population was supplied with treated water. As the size of the IDP camp population decreased, WASH needs became widespread at community level, and the approach evolved to support sanitation at household level through different means (cash, building materials). In addition, the WASH cholera prevention and response mechanisms that were put in place were highly appropriate and helped control the cholera outbreak in August 2015.

Health

The response, which was coherent with the CCCs, aimed at restoring basic services, with an emphasis on ensuring the availability of maternal health care (MCH) services. The initial estimate for the disruption of health services was based on the likelihood of damaged health structures, difficult referral systems and disruption of supply procedures. Health staff stayed in place for the most part, and the support in terms of tents, medical supplies and counselling proved appropriate. In terms of ensuring access to MCH in a country with structural challenges, the creation of a number of shelter homes to facilitate women in accessing birth centres can be considered appropriate, although, as described below, there are some pertinent questions regarding coverage and sustainability.

In addition to the above, the massive immunization campaign for measles can be judged as highly appropriate in a situation of displacement and eventual concentration of the population in IDP camps. The population movements did not become relevant over time, but the outreach and the awareness associated with the immunization campaign appears as appropriate in a post disaster situation.

As stated for WASH, the initial emphasis in preventing cholera outbreaks and the preparedness measures put in place for diarrhoeal diseases were highly appropriate as well. These became very relevant when cholera cases were reported in August. Measures aimed at limiting and treating the outbreak were successfully/adequately put in place.

Nutrition

The Nutrition response aimed at preventing nutritional deterioration. The pre-earthquake situation in terms of food security and nutrition related indicators in the earthquake most affected districts was relatively good. However, given the impact of an earthquake on coping mechanisms and food security resilience and that a significant proportion of the population lies below the poverty threshold,²⁴ establishing mechanisms to avoid nutritional deterioration of children is advisable. Moreover, the disruption of health services further justified ensuring nutritional awareness and adequate referral of eventual cases. This was appropriately designed in the IRP through a strategy which aimed to put in place five dimensions of nutrition.

Nutrition: the five blocks approach

- **Breastfeeding:** Support mothers in breastfeeding their children 0-23 months old to ensure that children grow healthy and do not fall sick with diarrhoea or pneumonia.
- **Complementary feeding:** Support families in feeding their children between 6-23 months old nutritious foods so that children develop to their full potential and do not become malnourished.
- **Supplementary feeding:** Provide supplementary foods to children with MAM so that children do not become severely malnourished, as well as to pregnant women during the last trimester to prevent children with low birth weight..
- **Therapeutic feeding and care:** Provide therapeutic foods and care to children with SAM to protect their lives and bring them back to healthy growth and development.
- **Micronutrients for children and women:** Provide vitamin A and multiple micronutrient powders to children between 6-59 months old to strengthen children's immune system and to prevent them from micronutrient deficiency. Provide iron folate supplements to pregnant women and breastfeeding mothers to ensure that women have healthy pregnancies and healthy children.

The appropriateness of addressing an emergency response through local systems could be challenged, though, by the very fact that the coverage of preventive and case management measures was dependent on the health system performance, which has some limitations in Nepal in terms of access and quality of available services. However, reinforcing health system capacity to deal with nutrition and enhancing community outreach is absolutely necessary if undernutrition is to be addressed in a post disaster scenario. This approach was adequately intended; however, issues of sustainability of the proposed strategies are addressed later in the report. No complementary approaches for access to health services were planned, except for the shelter homes for pregnant and lactating women (PLW), which were limited by the coverage of birth centres in the affected districts.²⁵

Soon after the earthquake it became evident that the estimated number of Global Acute Malnutrition (GAM), Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) cases did not correspond with the number of cases actually reached through the system in place. The estimates to calculate the caseload in Nepal were based on population figures and prevalence figures from available surveys, with low samples per district. This issue would require further investigation and the establishment of clear corporate guidelines (see Annex 7). The current approach of calculating the expected caseload on the basis of surveys that define prevalence, using a conversion coefficient for incidence, seems weak.

What appears as most appropriate, and is probably a lessons learned for the experience in Nepal, is the mobilization achieved through the Child Nutrition Week (CNW). The outreach mobilization of

²⁴ Poverty is the most important determinant of food insecurity and poor nutrition. Almost all households living in the bottom wealth quintile are food insecure and the vast majority of the food insecure are poor. The prevalence of chronic undernutrition among children from the poorest households is almost twice as high as compared with children from the wealthiest households. *Nepal Thematic report on food security and nutrition, 2013.*

²⁵ The total of shelter homes established were 22 in 11 districts, and linked to the reference birth centers of each district.

resources in order to scale up coverage and make sure that no pockets of malnutrition were left behind proved an extremely appropriate initiative, particularly given the situation of poor performing health services in terms of frequency and coverage, further disrupted by a natural disaster, and with some risk factors related to nutrition for children under five.

Education

Getting children back into school

- *Back-To-School public information campaign*
- *Construction of safe TLCs*
- *Psychosocial support integrated*
- *Teacher training on lifesaving messages and psychosocial support*
- *Provision of a variety of emergency school supplies*

Given the scale of school destruction and damage, the construction of safe TLCs and provision of material support, addressed students' needs. TLCs could be constructed in less than a month and had enough space to hold up to 50 students per class. The design could be modified to include monsoon ditching, winterisation and upgrades to make them more durable and included two simple temporary toilets for boys and girls, which could also be constructed quickly. It allowed for the use of cheap and locally available materials, providing communities with some flexibility in materials and design depending on what was locally available, allowing them to source materials more quickly.

Large amounts of CGI, which was difficult to obtain during the first two months, were required for shelter construction. The "TLC 1" model using bamboo and tarpaulin quickly provided a safe space for children to learn and was adapted to aftershocks, giving time for a more permanent construction utilising CGI. In May the cluster proposed a modified "TLC 2" design with CGI roofing that was more durable, given that schools were likely to not be rebuilt for at least two to three years.

Teachers and local partners highlighted psychosocial training and activities as helpful in their classrooms reporting that they made the children happy and the singing and music encouraged attendance. Psychosocial training allowed teachers to better support students and also themselves. School staff and communities mentioned the importance of the Back to School campaign and the information they received to get students back to school. Recreational materials were also an incentive for students to return.

Child Protection

The response entailed a broad range of responsive, remedial and environment-building protection activities aimed at addressing four longstanding protection issues assessed to have been aggravated by the earthquake – child trafficking, the separation of children from their families, gender-based violence (GBV) and limited access to psychosocial support services.

Interventions included establishment of anti-trafficking checkpoints with Nepal's police, distribution of summer clothes, tents and blankets, provision of cash support to vulnerable children at risk of trafficking, tracing and reunification of separated and unaccompanied children and a variety of psychosocial training and services, including establishment of CFSs, dissemination of information on psychosocial care/mental health, and specialized mental health care.

Child Protection main programmatic activities

- **Unaccompanied, separated and vulnerable children programme (“UASC&VC”) or “family preservation programme”:** Implemented jointly with the Central Child Welfare Board (CCWB), it aimed to reunify families and prevent child separation through support to families at risk of separation, indirectly preventing child trafficking. Activities included: district level data collection, provision of two kinds of cash grants, referral of separated and unaccompanied children to transit homes, tracing and reunification of separated and unaccompanied children with families, support to transit centres, and onward referrals of vulnerable children identified to other protection agencies/service providers.
- **Child-trafficking prevention:** Included advocacy with government to suspend inter-country adoptions post earthquake, establishment and strengthening of police stations and check points to prevent and respond to child trafficking, support for Ministry of Women, Children and Social Welfare (MWCSW) anti-trafficking unit to strengthen anti-trafficking committees, and an Information, Education and Communication (IEC) campaign to raise public awareness on trafficking.
- **Prevention of other forms of violence against women and children:** Included capacity building for Women and Children Officers (WCO) and District Child Welfare Boards (DCWB) in the 14 districts by the UNICEF Child Protection Officer (CPO), dissemination of Code of Conduct (CoC) to aid workers, distribution of blankets to vulnerable women and children and people with disabilities, support for mobilization of GBV watch groups, and provision of tents for district police to set up GBV posts in IDP camps.
- **Psychosocial support for children and families:** Included provision of materials, training for staff and recreational kits to establish CFSs for children to play and recover, dissemination of information on psychosocial care issues to community groups, individual and group counselling by Community Psychosocial Workers (CPSWs) deployed in 14 districts, provision of “psychological first aid” (PFA), and provision of specialized mental health care services.

Social Policy

UNICEF provided a top up cash transfer addressing vulnerable groups, which established a better social security net and quickly mobilised funds to a large number of beneficiaries. Moreover, the vulnerability criteria were highly appropriate and the use of the existing system allowed for increased access and efficiency.

The appropriateness of cash schemes in situations where functioning markets exist has already been accepted in the context of humanitarian response. The strategy of UNICEF, aimed at improving permanent social security safety nets, lies beyond emergency humanitarian assistance but contributes to the coherence of the response.

C4D

The Communication for Development (C4D) programme worked with the government and partners to develop a comprehensive C4D strategy to respond to the earthquake emergency situation. Based on a rapid assessment of communication needs, key messages and content for dialogue were developed and channels identified to disseminate messages in the most affected districts. The programme ensured dissemination of messages by putting in place appropriate mechanisms to receive community feedback, which helped to ensure accountability to the affected population.

C4D engaged very early in communication and information, specifically airing radio programmes on family preservation, anti-trafficking and stress management on national and local radio. Given the inaccessibility of most areas, this approach achieved significant results (see effectiveness). The creation of the CwC working group, set up of feedback mechanisms, design of communication activities, harmonization of materials, and use of radio programmes for mass psychosocial counselling were all appropriate initiatives, some of them with an innovative approach that should be highlighted as elements of good practice.

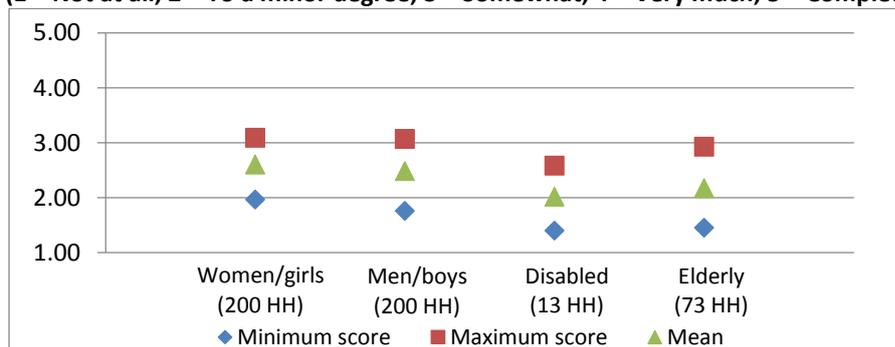
UNICEF entered into a partnership with Radio Nepal, and within a week of the earthquake aired a programme focusing on the earthquake situation titled ‘Bhandai – Sundai’ or ‘Talking – Listening’ during four daily time slots. Along with psychosocial counselling and situation updates, the programme addressed issues such as relief and response, protection, disability, health, nutrition, WASH and education. Key, life-saving messages were also broadcast through approximately 191 community radio stations.

3.1.4 Equity and gender-sensitive programming

Women, children and vulnerable groups were prioritised in the response, in line with the CCCs as well as HCT and cluster strategies. Both the Social Policy cash transfer top up and Child Protection family preservation programme targeted socially disadvantaged groups such as *Dalits*, orphans and children with disabilities. Child Protection also developed a specific intervention for children with disabilities. Women’s and girls’ needs were directly addressed, as for example through the shelter home component of UNICEF’s Health programme and the separate toilets and bathing spaces provided for women and girls by WASH and Education. However, although these groups were prioritised, the survey discloses that while there was only a slight difference in the suitability of the support provided to women/girls and men/boys, the suitability of the support provided to the disabled was significantly worse. Support provided to the elderly was also rated lower than that of the general population (Figure 1).

Figure 1: Suitability of support provided by group (Dhading and Sindhupalchowk) (Q22, Q23, Q25, Q28)

(1 = Not at all; 2 = To a minor degree; 3 = Somewhat; 4 = Very much; 5 = Completely)



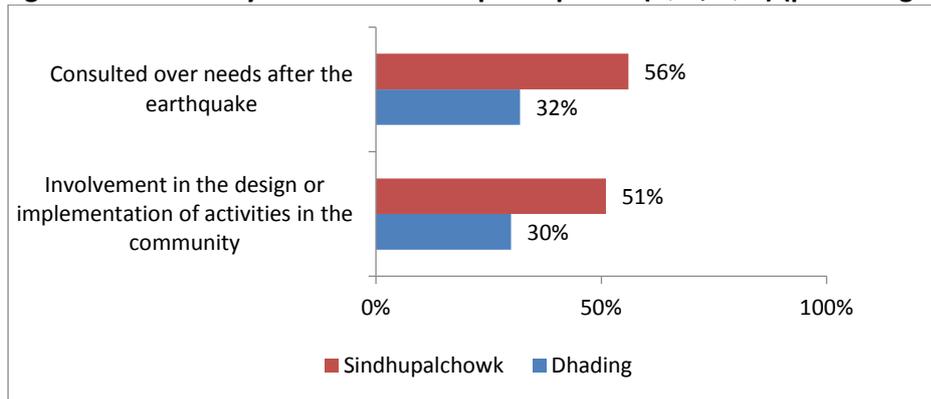
Although consideration for gender and disability was part of the Education Cluster strategy, in practice some partners did not adhere to cluster guidance. A number of TLCs, including where disabled students were studying, were not accessible for the disabled, and TLCs did not have gender sensitive toilet facilities across the board. The needs of the disabled were not addressed in the WASH programme either, as it was considered not cost-effective and not possible everywhere. Latrine designs were gender sensitive, although in some cases latrines for boys and girls were constructed with only a small tarpaulin wall separating them. Weak attention to the elderly and their specific needs was also observed.

UNICEF’s Gender and Social Inclusion focal point played an active role in the inter-cluster Working Group on Gender; however UNICEF did not require the use of the Gender Marker in PCAs and in some cases partners failed to comply with UNICEF requests to disaggregate data collection. Reporting on gender disaggregated results was discouraged by the fact that the HPM indicators allowed a maximum of three indicators.

3.1.5 Community participation and communications

Consultation with the affected population at the early stages of programme design was generally weak. Respondents to the survey in general did not feel that they had been consulted over their needs after the earthquake or had been involved in activities undertaken in their communities (Figure 2). Only 30 per cent of respondents in Dhading and 51 per cent in Sindhupalchowk had been involved in the design or implementation of any of the activities in the community. Thirty-two per cent of respondents in Dhading and 56 per cent in Sindhupalchowk had been consulted over their needs after the earthquake.

Figure 2: Community consultation and participation (Q29, Q31) (percentage of respondents)



Community participation in programme implementation was stronger, but still varied across programmes. Some Child Protection programmes had a strong local community participation component, for example, community based psychosocial activities, community involvement in CFSs, and community mobilization to prevent child trafficking and GBV. In the WASH programme, UNICEF provided drinking water and toilets in the community and IDP camps; however outside the camps, the communities were involved in constructing the superstructure of the toilet at home, with UNICEF partners providing the basic material support.

Participation and ownership by the community was an important and intentional component of the education response, which prioritized the involvement of the SMCs and PTAs in the construction of TLCs. Additionally, communities played a critical role in establishing, maintaining and upgrading TLCs, ensuring proper management and use of supplies, and providing in kind support to the school.

From the early stages of the response, UNICEF established mechanisms to communicate with communities, including radio programmes and animation campaigns. These facilitated two way communication and community participation to some extent. UNICEF's Child Consultations were also a major step forward in terms of giving a voice to children in the PDNA. Nonetheless, there was a notable absence of affected communities in the architecture of the humanitarian response.

Key findings: Appropriateness

- Early after the first earthquake UNICEF formulated an IRP based on the CCCs and aligned with inter-agency priorities.
- While programme design was broadly equity and gender-sensitive, specific measures for elderly people, and those with disabilities, were not always clearly formulated or implemented in practice. A gender-marker was not required in PCAs.
- The initial response involving swift deployment of staff and use of contingency supplies proved adequate.
- The lack of a MIRA was a missed opportunity to give the affected population a voice and build consensus around the needs of the most vulnerable groups.
- Programmes broadly addressed need: Health and Nutrition programmes were aimed at ensuring

access to services and preventing deterioration and outbreaks. Child Protection programmes addressed key protection concerns. Education established a back to school strategy, including construction of safe learning spaces, psychosocial support and supplies. WASH aimed initially at providing access to full WASH and hygiene packages for all, including IDPs. C4D engaged very early in communication and information, notably with radio programmes.

- UNICEF's current approach in estimating GAM caseloads is bound to cause errors in Nutrition programme design.
- Prevention measures by WASH, Health and C4D for cholera and watery diarrhoea were highly appropriate.
- The creation of the CwC working group, set up of feedback mechanisms, design of communication activities and harmonization of materials and the use of radio programmes for mass psychosocial counselling should be highlighted as good practices.
- Community participation was weak at the planning stage of the response. However, in the implementation stage, it was integral to some programmes, notably Education with high involvement of the SMCs and PTAs in construction and maintenance of TLCs.
- The top up cash transfer targeted vulnerable groups in 19 districts and was one of the appropriate programmes designed by UNICEF.

3.2 Connectedness/ Sustainability

- *To what extent have the linkages between relief, recovery and development been addressed in UNICEF's response?*
- *To what extent did the existing preparedness measures facilitate UNICEF's response?*
- *To what extent have UNICEF's activities contributed to strengthening Nepal's institutional capacity?*

3.2.1 Contingency planning/preparedness measures

UNICEF contingency planning was a positive factor and enabled its swift response. Contingency plans stemmed from the floods response of 2008 and had been updated in January 2015 and were available on the "Early Warning Early Action" online platform. Preparedness measures, such as the pre-positioning of supplies for 25,000 people (5,000 families) and earthquake survival kits distributed to ROSA staff, played an important role in allowing UNICEF to have a swift initial response and field presence. This relief reached people in need at short notice and gave UNICEF a positive profile. Training on the contingency plan, emergency procedures, CCCs and disaster risk reduction (DRR) had been limited, however, and there variable levels of emergency experience amongst programme staff in both NCO and ROSA.

National cluster coordination mechanisms had existed for many years and cluster contingency plans had also been developed by all clusters before the earthquake. While some were generic and outdated, they also undoubtedly facilitated the overall UNICEF response.

The WASH Cluster contingency plan, developed in early 2015, provided the initial framework for the response. The Education Cluster contingency plan, updated in January 2015 and approved by the Department of Education (DoE), faced an initial lack of awareness amongst the government and partners; however it provided a basis for the initial TLC design, set up of CFSs as well as distribution of supplies, psychosocial support, and prioritisation of community involvement. The Child Protection Sub-Cluster contingency plan was updated in 2014 as part of the broader revision of the Protection Cluster's plan. A family preservation programme being piloted by the inter-agency Child Protection Working Group was also adapted for the response and implemented alongside anti-trafficking, GBV and psychosocial activities.

3.2.2 Planning for transition²⁶

The CCCs call for an integrated approach to UNICEF programming and emphasize links between humanitarian action and development. The recovery planning should begin in parallel with the emergency response.²⁷

The IRP, drafted on May 5, was the only overarching UNICEF programme document to guide the response. This document was kept as a reference for the duration of the L2 emergency until 25 August 2015. While the revised Flash Appeal stressed the need for links between the emergency response and longer term GoN recovery and rehabilitation programmes, early recovery activities were not included in the IRP. Indeed, despite being identified as a gap in UNICEF's After Action Review (AAR) in June 2015, a formal framework for transition was only put in place in February 2016 when the NCO's "Early Recovery and Reconstruction Plan" was finalised for the period January 2016 to December 2017.²⁸ The need for a response plan which includes both emergency and early recovery activities appears as a significant issue to be addressed.

In the Nepal post-earthquake context, the government's PDNA²⁹ was UNICEF's main reference point for a coherent strategy for recovery and reconstruction. However, after the release of the PDNA on 22 June, internal political tensions meant that the NRA tasked to lead the reconstruction was not appointed until December 2015. This void was completely unforeseen, undoubtedly hampering UNICEF planning processes as well as those of other key stakeholders who required a government counterpart.

UNICEF was also affected by the wider challenges facing inter-agency transition planning. Transition to recovery had been discussed by some clusters in June, and every cluster developed a "transition plan" addressing coordination arrangements. However, by the time the IASC cluster system was deactivated in December 2015, no integrated inter-agency framework for recovery had been developed and it was still largely unclear how UN agencies' activities would be re-oriented to support government reconstruction efforts.

CCCs and transition

The CCCs do not offer sufficient guidance on establishing linkages between response, recovery and development. The CCCs "recognize the link between humanitarian action and development, and provide an explicit focus on disaster risk reduction" and call for an integrated programme approach through starting "early recovery in parallel with humanitarian response," in order to sustain the results of life-saving interventions, support self-initiated recovery actions by affected populations, take advantage of early entry points for recovery, and reduce vulnerability to future crisis risk. However, the CCCs only "focus on action in the first eight critical weeks of humanitarian response and provide guidance for action beyond that".³⁰

Amongst those most affected were Nepal's internally displaced. In the absence of a comprehensive government or inter-agency response, IDPs experienced numerous obstacles to durable solutions and still face a situation of protracted displacement.

²⁶ OCHA, *OCHA On Message: Transition*, August 2010. In line with OCHA guidance, transition is understood here as "the phase of a humanitarian crisis in which acute vulnerability begins to decline, leading to a reduction in international life-saving assistance and an increase in early recovery, recovery and rehabilitation activities" "Early recovery activities gain traction during transition [and] include re-establishing essential basic services, restoring primary infrastructure, providing income-generation opportunities and supporting self-sufficiency" https://docs.unocha.org/sites/dms/Documents/OOM_Transition_English.pdf

²⁷ UNICEF, *Ibid.*, CCCs, pp.4-5, 11

²⁸ We refer here to the "UNICEF Nepal Rolling Work-plan for Early Recovery and Reconstruction Plan January 2016 to December 2017" which was still in draft status at the end of February 2016

²⁹ UNICEF co-lead the PDNA preparation in WASH on top of other responsibilities

³⁰ *Ibid.*, UNICEF, pp.4-5

3.2.3 Transition-oriented activities incorporated into programmes

In the absence of a UNICEF wide transition plan, different sections adopted their own approach towards linking relief and early recovery in line with cluster strategies.

Capacity building was one common approach. Given UNICEF's long-standing presence in the country, it was particularly well placed to engage in capacity building of line ministries. This was an essential part of the UNICEF mandate and had been included in the CPAP and agreed upon with the GoN. In addition, UNICEF had a permanent presence in Nepal's cluster system and co-led the Protection, Education, Nutrition and WASH clusters. National clusters met on a periodic basis and the NCO programme staff in these sectors had built solid working relationships and confidence with government counterparts in the relevant line ministries. The progress made in strengthening Nepal's institutional capacity through the earthquake related response, though, was fragile.

In terms of capacity building within the community, the household survey shows that teachers, women community health volunteers and women's group members who received training responded positively, rating it between somewhat and completely adequate and felt that the training gave them the skills they needed to carry out the activities and that they used the skills they learned, rating these between somewhat and completely.

Health

After the provision of life-saving assistance and medical care, the Health Cluster moved quickly into recovery mode. As of September 2015, UNICEF engaged in the provision of prefab structures to cover the need for health facilities, as this was the major reconstruction issue (663 health facilities reported damaged out of 796 in the most affected districts³¹). Early recovery needs were also addressed through upgrading the cold chain for immunization.

The set up of shelter homes (22 in 11 districts) supported access to reproductive health services, an accepted priority in the country. However, linkages with early recovery programmes were limited; neither this intervention nor UNICEF's OTCs (155 in the 14 districts) are sustainable after the emergency phase. The lack of a "recovery minded" arrangement affected the outcomes of the programme. The challenges identified during the post relief phase that could improve access on a permanent basis should be discussed with health authorities and lessons learned incorporated, including the elements for improving self-sufficiency of vulnerable PLW.

Nutrition

Through its five block strategy, the Nutrition programme established a de facto transition framework by reinforcing local capacities and scaling up development oriented approaches; the strategy has a clear institutionalised approach, with elements of a long term policy that could be reinforced during the response. These long term policy elements are based on the Multi Sector Nutrition Strategy, which offers a sound framework in which to anchor transition and reconstruction from an institutional and sustainable perspective.

Child Protection

Child Protection took a systems-building approach from the beginning of the response in line with CPAP priorities. A variety of activities were undertaken to support national capacity to provide access to child protection systems. These included support for police and immigration authorities in the area of anti-trafficking and strengthening government management of child protection cases by hiring Information Management Officers (IMOs) and social workers to support the Women and Children Offices (WCOs) and District Child Welfare Boards (DCWBs) with data collection and analysis. However, it was not always clear how particular interventions would be sustained. IMOs were

³¹ source: PDNA, volume 2

appointed on a temporary basis only, while a number of UNICEF activities geared towards supporting longer term recovery, such as income generation activities for the families of vulnerable children and systematic advocacy using child protection data collected, were yet to begin as of January 2016.

Education

Education activities were for the most part well-aligned with the recovery strategy set out in the PDNA, which recommended that education activities be resumed through transitional learning spaces, the implementation of structural assessments, and provision of psychosocial support. While a phased approach to TLC construction was not part of the cluster's contingency plan, the subsequent TLC 2 design was planned to last for two to three years, if well maintained. A cluster seminar on transition, "Beyond TLCs", involving over 100 partners was also held in June to discuss recovery. Notwithstanding these efforts, the lack of government approval for a semi-permanent TLC design meant that links with longer term recovery and reconstruction remained limited.

WASH

In order to frame a realistic transition plan, UNICEF promoted the capacity assessment in the 14 districts as well as the agency capacity assessment based on the CCCs by integrating emergency with development with a focus on risk reduction through the PCA with FEDWASUN and DCT for the government WASH training facility. The ensuing transition strategy should be addressed at the community level taking into account the structural deficit as well as the impacts the earthquake had on water supply and sanitation in the affected areas. The recovery of the previous levels of open defecation free (ODF) communities remains a challenge after the cease of subsidies, despite declaring that ODF is increasing in the districts largely due to government efforts.

Nepali staff in WASH institutions have benefitted from some capacity development through their work with international agencies. Data and information management was implemented in four districts, including Lalitpur with support from selected partners, with DWASH CC responsible for coordination after the phase out of the cluster approach. However, DWASH CC was generally not as active as the WASH Cluster, although there was some variation across the districts.

Social Policy

The implementation of the top up cash grant laid the foundations for an extension of the GoN social support mechanism to a permanent cash grant for all children under five in Nepal, with initial support from UNICEF, which would be one of the most positive outcomes of the response.

During the emergency a cash top up of NRs 3,000 was given to specific vulnerable groups (the elderly (from 70+), Dalits (from 60+), widows, single women age 60+, endangered groups, fully or partially disabled, and Dalit children under five). UNICEF used established government mechanism to channel funds. The money from UNICEF was given to the District Development Fund (DDF), which then distributed it to the respective VDCs. The VDC Secretary then distributed the money to the beneficiaries during the distribution of the regular social support grant, of which all of the beneficiaries were also recipients.

The money was channelled directly through the DDF instead of the Department of Civil Registration (DoCR) in order to distribute the cash grant as quickly as possible. Though the support from the initial phase was provided to all the identified vulnerable groups in the most affected 19 districts, the second phase of the programme is limited to all under five children in the 11 most affected districts with the strategy to establish a children's fund.

Key findings: Connectedness/Sustainability

- The existence of UNICEF contingency plans, dating from the floods of 2008, was a positive factor enabling swift response for most programme sections.
- Staff had variable levels of emergency experience and a lack of knowledge about emergency procedures. This could have been helped with training for all relevant staff on cluster and UNICEF contingency plans, the CCCs and DRR.
- Early recovery activities did not begin in parallel with the emergency response, in spite of each programme’s efforts to address this to some extent. A clear plan for UNICEF’s early recovery activities was not put in place until February 2016.
- Guidance in the CCCs on linking relief, early recovery and development programming is weak. This is an institutional gap.
- UNICEF recovery planning, and that of other stakeholders, was affected by delays and political tensions related to the appointment of the NRA. The economic blockade which started in August 2015 diverted attention from the recovery and increased the cost of reconstruction.
- Linkages between response and longer-term recovery were weak and were addressed to some extent by the different sections. In many cases those activities constituted a de facto transition framework.
- Despite efforts to ensure response activities supported longer term recovery, significant challenges were faced in all sections. This related to the lack of initial early recovery activities in the IRP, absence of a transition plan and delays in setting up the NRA.

3.3 Coordination

- *Were UNICEF’s resources and staff sufficient to ensure that it could adequately perform its role as cluster lead during emergency, recovery and development?*
- *To what extent did UNICEF cluster leads comply with the responsibilities defined in the IASC ToR for cluster leads at the country level?*
- *To what extent did the internal coordinating tools facilitate the emergency response?*

3.3.1 Internal coordination

The NCO and ROSA management held daily Emergency Management Team (ECMT) meetings at UNICEF NCO, in compliance with L2 requirements. Coordination was facilitated by the permanent presence of ROSA in Kathmandu. Initially, daily conference calls, and later weekly, were also held with New York and other HQ locations (Geneva, Copenhagen), chaired by the Regional Director (REMCT). These mechanisms were maintained, with decreasing intensity, until the end of the L2 at the end of August 2015. Strong internal coordination of the NCO was ensured primarily by the NCO Representative, with close engagement initially from the ROSA management team. The ROSA support was phased out gradually after the end of the L2. These mechanisms functioned exceptionally well and facilitated joint decision making and strong NCO leadership.

Regarding the initial response, information gathered indicates that challenges were faced in terms of coordination and the definition of tasks of the staff deployed to Site Offices, as well as weaknesses in the initial logistical and operational support provided, especially for staff deployed in the field.

In line with UNICEF guidance, UNICEF cluster co-leads reported directly to the NCO Representative on issues relating to the cluster/sub-cluster.³² Regular “cluster management” meetings between the Representative and co-leads were held and helped to ensure the Representative could represent the clusters effectively at the HCT.

³² UNICEF, *Cluster Coordination Guidance for Country Offices*, 2015, p.66-68, <http://cpwg.net/wp-content/uploads/sites/2/2015/05/Cluster-Guidance-Eng-5-June.pdf>

3.3.2 Compliance with CLA responsibilities³³

UNICEF broadly complied with key responsibilities of national cluster coordinators. UNICEF cluster co-leads were engaged in developing cluster strategies and transition plans, establishing and maintaining cluster monitoring tools (the 3 or 4W databases), developing coverage maps and drafting lessons learned reviews. UNICEF generally fulfilled its responsibility to act as provider of last resort. In some cases partners were not be able to deliver what had been agreed upon and UNICEF assumed the responsibility of carrying out the activities; in other cases UNICEF took those districts that for different reasons were not taken by other partners. This ultimately limited the integration of UNICEF's own programmes. As head of the CLA for four clusters, the Representative played a dual role within the HCT, representing UNICEF's own interests as an organization, as well as the interests of the humanitarian organisations participating in UNICEF-led clusters.³⁴

Education

As joint co-lead with the Ministry of Education and Save the Children, UNICEF ensured a coherent and effective response. The Education Cluster undertook monitoring and evaluation of cluster performance, in the form of lessons learned, cluster performance review and joint monitoring visits. It also ensured the application of standards and developed response strategies and action plans and a transition plan for early recovery planning. At national level, UNICEF took steps to identify partners to fill gaps in service delivery, trying to mobilise partners to work in remote VDCs, for example through joint coordination with the Logistics Cluster to move supplies to the northern VDCs of particularly hard-hit areas. A joint cluster/government structural assessment (funded by UNICEF) was commissioned to facilitate planning at the district level and raise awareness about school safety. The 3Ws database was actively updated and maintained by Save the Children and was a key tool for coordination monitoring of partner activities.

Child Protection

In addition to co-leading the Protection Cluster, UNICEF co-led the Child Protection Sub-Cluster with the Department of Women and Children. The arrival of a large number of new child-protection actors was addressed by the creation of dedicated technical working groups in June 2015. These focused on unaccompanied and separated children (UASVC), CFSs (coordinated together with the Education Cluster in the initial weeks) and psychosocial support. UNICEF developed a basic sub-cluster plan in July, maintained a 5Ws database and developed a comprehensive "Protection Services Directory". Several Standard Operation Procedures (SOPs) and guides were developed, for example on minimum standards in psychosocial care. Advocacy was undertaken with government and police on prioritised protection issues, such child trafficking.

Nutrition

UNICEF was the main stakeholder in the cluster and managed to define, with the GoN leadership, the response strategies and coverage. UNICEF channelled most of the funding for the sector and led effectively, with significant support of NCO staff, all activities linked to cluster coordination and strategies for the response. The surge staff played a support role and acted under the guidance of the NCO/GoN arrangements. The choice of the five nutrition blocks strategy is coherent with MSNP and reinforces its elements. The CNW was a particularly successful initiative carried out to boost coverage in a post disaster situation (see later under coverage).

WASH

The WASH cluster was led by the Ministry of Urban Development (MOUD) and DWSS with UNICEF as co-lead at the national level. WASH undertook a Joint Monitoring Visit in September 2015 which

³³ IASC, *Generic Terms of Reference for Sector/Cluster at the Country Level*, 5 December 2013, <https://interagencystandingcommittee.org/other/documents-public/generic-terms-reference-sectorcluster-country-level>

³⁴ Ibid., UNICEF 2015, p.70

identified best practices and challenges and made suggestions for improvement. In terms of data management the cluster was able to capture and analyse all available data related to WASH activities.

3.3.3 Coordination arrangements in UNICEF led clusters

Overall, the involvement of section staff in the clusters was effective and desirable, notably in terms of streamlining information management and reporting and strengthening the overall functioning of the clusters, particularly in the early stages of the emergency. Cluster coordination arrangements themselves varied between sections with NCO programme staff engaged in cluster management and set up to varying degrees. UNICEF seconded additional staff for the purpose of cluster/sub-cluster coordination and information management. As of 31 July 2015, 138 surge staff in total had been either identified or seconded, 27 of them for cluster/sub-cluster coordination and information management. UNICEF staff grew from 156 as of 31 January 2015 to 244 as of 31 January 2016.³⁵ In all sections, programme staff undertook at least a short period of cluster coordination, with incoming surge staff mobilised to support this coordination role. This proved an adequate and effective arrangement that facilitated the clusters' functions.

Nutrition

The cluster was co-led by UNICEF, with strong engagement from the Nutrition programme staff, who had been previously involved with the GoN in cluster coordination. This provided, as in other clusters, the capacity for a rapid activation of the emergency mode and the establishment of good working relations with GoN officials. Surge staff mobilized provided support and advice to the established set up.

Education

Two Global Education Cluster Rapid Response Team (RRT) members arrived in Nepal on 4 May 2015 following a ROSA request. The pre-earthquake Education Cluster coordinator took on sub-national coordination in the Kathmandu Valley, while an international NCO staff with cluster experience took on the role as national cluster co-lead. Surge staff played an important role backstopping the cluster coordinator, providing an international Information Manager, undertaking capacity building, supporting coordination and assisting with other work at district level. No full time cluster coordinator position was advertised. To cover the gap, the Global Education Cluster deployed a third RRT member until the end of October.

Child Protection

A Senior Protection Officer was requested from the ProCap roster and seconded to UNICEF to co-lead the Protection Cluster with the Nepal Human Rights Commission and Department of Women and Children. A coordinator arrived for two weeks on 8 May, and the Child Protection sub-cluster was established soon after. Between May and December 2015, two additional Protection Cluster coordinators were deployed for longer periods. At the request of the Department of Women and Children (DWC), UNICEF's Nepalese pre-emergency cluster coordinator retained her role in the Child Protection Sub-Cluster. Two Child Protection surge staff, designated as cluster advisors, provided support, and guidance was given by the section to ensure the roles and responsibilities of the cluster "co-lead" and "advisor" were clearly understood.

WASH

The WASH co-lead role was initially performed by a WASH section member with support from the incoming surge WASH Cluster Co-Lead. This was a specific request from the government, which showed strong reliance on national staff capacities. After a two to three week overlap period, the surge WASH Cluster Advisor TOR was changed to WASH Cluster Co-Lead, specifically to make sure

³⁵ Nepal Earthquake OSM 31 July 2015, Staff list 31 January 2015, Staff list 31 January 2016.

that double hatting would not become an issue. This two to three week overlap period was considered a success in coordination. The WASH section seconded one staff member to the WASH Cluster, which was highly justifiable, as UNICEF had more than enough qualified response staff available from the beginning. The majority of WASH staff were in Kathmandu for the the South Asia WASH in Emergencies training, which ended on Friday, 24 May, such that they were immediately available to support the response.

3.3.4 Sub-national coordination

UNICEF played a more limited role in terms of sub-national coordination. At district level the cluster coordination was mostly delegated to international non-governmental organisations (INGOs), in many cases UNICEF partners. Some clusters and INGOs did not see the need for surge capacity from UNICEF at the district level, preferring to utilize local partners who were already involved in the local coordination and knew the local context, which they saw as more sustainable.

To be noted that the actual deployment of the SO in terms of completing the teams was achieved only at the end of 2015, when most of clusters were actually deactivated, preventing its engagement in coordination of the relief response at cluster and sub cluster level in the districts. The role of the SO is potentially critical, though, for the transition programme already drafted.

The Child Protection section deployed CPO/GBV officers for each of the 14 affected districts for three months (May-August), which had a positive influence on cluster coordination and advocacy but could not be sustained in individual districts after this period. This capacity was not enjoyed by other UNICEF sections. In the case of Education, UNICEF had planned to recruit sub-national roving cluster coordinators to support the DEOs and INGO co-leads. A surge staff served as a sub-national roving Education Cluster Coordinator for two months, but recruitment of two longer-term roving coordinators never took place due to competing programmatic and cluster recruitment processes.

Regarding WASH, the cluster was led by the Water Supply and Sanitation District Office (WSSDO) which was co-led by UNICEF in four districts and UNICEF partners elsewhere. It was noted that in general there was good coordination, with cooperation, coordination and communication among cluster members reportedly quite strong overall. In some cases, however, coordination between UNICEF and some INGOs was reported to have been unsatisfactory as the latter limited reporting to their national office.

3.3.5 Communication with Communities

UNICEF established the CwC working group to provide a coordination platform for partners and stakeholders addressing communication with beneficiary-related activities and Accountability to Affected Populations (AAP) ones. The humanitarian system has already for some time claimed that affected communities should be at the centre of the humanitarian response, taking their views and feedback into account to better plan the response and establish clear accountability sources and mechanisms. This is a critical aspect that will probably shape the way the humanitarian system responds in the future.

The CwC shared information to promote joint and innovative mechanisms for community feedback. Additionally, through the CFP, CwC channelled information over the perceptions and opinions of the affected population to the humanitarian system as a whole. The periodic perception surveys, provided by the CFP, on the adequacy of the response, the perceived gaps, etc., have been instrumental in providing bottom up information over the challenges of the response.

Key findings: Coordination

- UNICEF broadly complied with the responsibilities of a cluster lead at country level. At national level it played a key role in ensuring a more coherent and effective response by partners. The clusters it co-led enjoyed excellent functionality.
- A significant share of all surge staff seconded to UNICEF for the emergency was involved in cluster coordination (27 out of 138); however, cluster coordination arrangements varied between sections. In all of them programme staff undertook at least a short period of cluster coordination, with incoming surge staff mobilised to support their role.
- UNICEF mobilised coordination surge staff from a range of sources: UNICEF's global RRT, Procap, and other standby rosters. Deployment of surge coordination capacity was rapid and effective.
- UNICEF was uniquely positioned to support national coordination efforts, given its knowledge of local institutions and the confidence and working relations established with line ministries before the earthquake.
- UNICEF established an effective CwC working group, providing a coordination platform for partners and stakeholders addressing communication with beneficiary-related activities.
- At sub-national level the cluster coordination was largely delegated to INGO partners, and the engagement of local authorities was clearly a determinant in cluster coordination.

3.4 Coverage

- *To what extent did UNICEF assistance reach/was accessible to affected populations in different areas (by gender, ethnicity, age, socioeconomic, ability, geography)? What were the reasons for this?*

3.4.1 Overall coverage issues: sections' challenges

Nepal poses particular challenges for coverage in a post earthquake scenario, especially given the remote geographical access of some locations, the complex ethnic composition of the society and limited institutional capacity to address marginalisation. The humanitarian response tried to address these challenges and ensure assistance was provided to those most in need.

Initial operational targets were established in line with the CCCs in the first IRP, and the UNICEF response coordinated with other partners through the clusters. In line with the HCT strategy, the clusters aimed to promote inclusive access to assistance and focused particularly on the most disadvantaged groups.

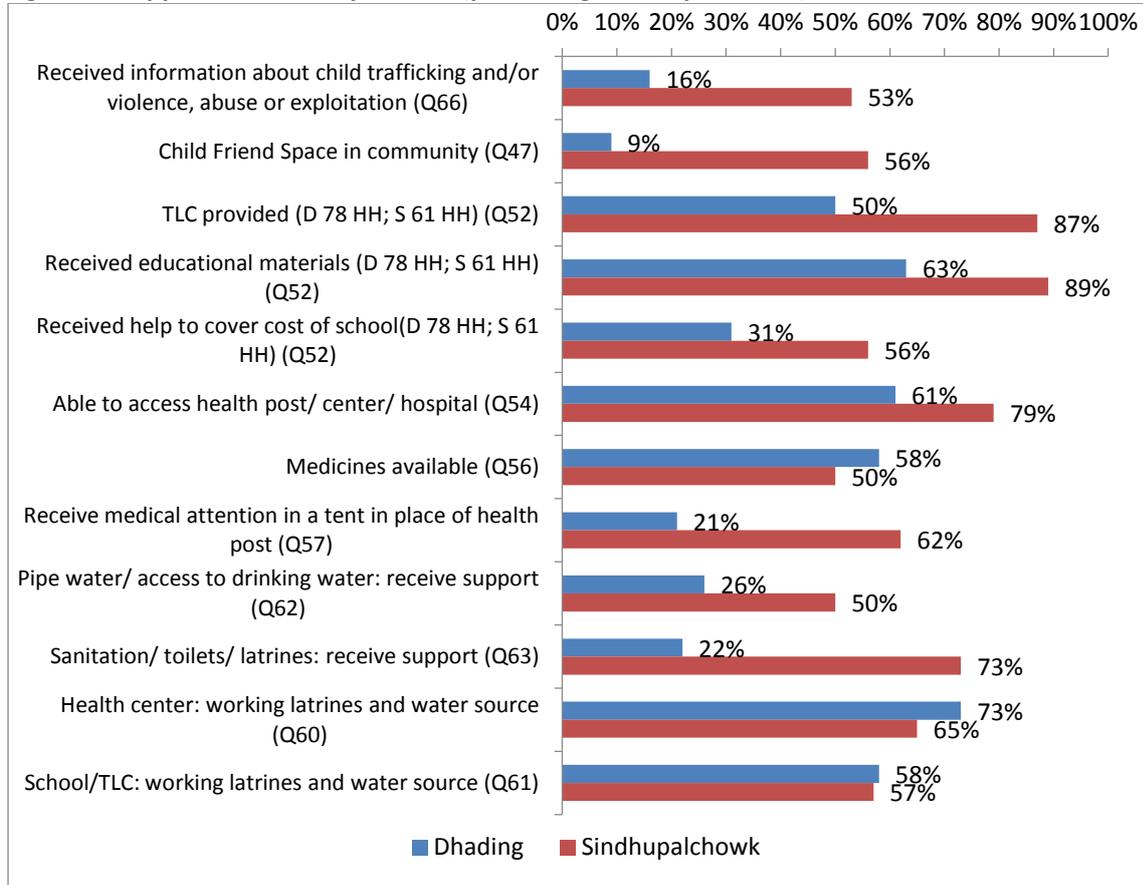
At district level, government coordination mechanisms were primarily responsible for ensuring adequate coverage. DDRCs and CDOs played a key role in determining which VDCs would receive assistance. The situation appears to have been different in each district, depending on the profile and strength of the different institutions involved and strength of the cluster coordination. Partners in some districts noted confusion about the role of the cluster in coordinating the response. Accountability of cluster co-leads seems to have been more diluted, with decisions made mainly by GoN officials. In some cases, independence and impartiality of assistance could have been of concern.

In one remote district, the CDO had reportedly allocated VDCs to NGOs in an ad hoc and chaotic manner. In addition, lack of coordination and leadership and frequently changing district officials were also problems. Furthermore, it was reported that in the beginning of the response local politics played a role in prioritization of assistance, leading some areas to receive more than others. VDCs in lucrative trekking areas had reportedly been prioritised for assistance rather than the poorer VDCs with high levels of subsistence farming in these same districts.

Differences in reaching the affected population in a harmonized way were noted, with some districts reporting better coverage than others. The household survey confirms the fact that there were

differences in the level of coverage of the different activities at district level. The survey results show that overall Dhading received less support than Sindhupalchowk (Figure 3), and in all sectors there were substantial differences between the support reportedly received by each district.

Figure 3: Support received by district (percentage of respondents)



The following issues per sector are relevant:

Health

Coverage was determined by the coverage of Nepal’s health system itself. The overall adequate willingness to respect the existing health system, avoiding parallel structures and reinforcing capacities, can limit outreach and coverage in the case of humanitarian emergencies. The structural weak system in terms of access of vulnerable populations (acknowledging the measures taken over the last years to improve those aspects³⁶) and disruption of services caused by the earthquake (663 health facilities damaged out of 796 in the 14 most affected districts³⁷) posed in itself a limit in coverage. This is relevant for Health sector interventions other than mass vaccination, which was carried out through an intensive outreach campaign.

In the case of MCH and access to birth centres by pregnant women, the coverage is judged as limited and not addressing the problems of distant communities in the upper hill or mountain areas. Twenty-two shelter homes were arranged in 10 districts. The total number of pregnant women attending them was 519 for the first three months, while the total number of post natal women was

³⁶To be noted the gratuity of essential services, the subsidy for institutional deliveries, and the overall improvement on maternal and child mortalities over the last period. Challenges remain, though in mountain areas.

³⁷ Source PDNA, volume 2

984.³⁸ The coverage was limited to a number of VDCs and related with the coverage by the health system of MCH services. The implementing partner stated that: *utilization of services provided by health facilities, especially preventive and promotive services, has been found to be limited because of limited accessibility.* This is a structural problem beyond an emergency response, but it should be noted that UNICEF in this case implemented a number of outreach activities in order to ensure that the earthquake was not causing limitations in access.

Nutrition

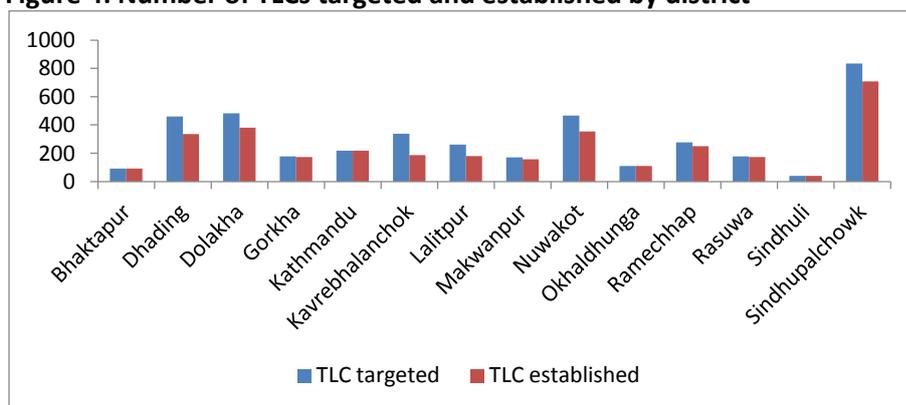
The same is applicable for Nutrition interventions, which relied on health system coverage particularly in the case of PLW access to IFA and the coverage for GAM cases of the newly promoted OTC units (around 155 of them created). The total number of cases of SAM treated per outpatient care (OPC) amounts to less than 10 cases per OTC since the establishment of the facility until February 2016 (less than one case a month). It should be noted that the systemic challenges in coverage have been addressed successfully by the Nutrition partners through the CNW, an intense outreach campaign two months after the earthquake that managed to screen all children and cover all population groups. This outreach strategy is highly relevant in ensuring coverage for Health and Nutrition related interventions.

Education

Given the scale of the needs, the coverage of TLCs achieved was impressive. The Education Cluster estimated 1.1 million children were unable to return to destroyed classrooms and a further 480,000 children were affected as a result of classroom damage. Cluster partners aimed to reach approximately 40 per cent of children in need, complimenting the assistance provided by the GoN.³⁹ Cluster coverage was impressive. As of 31 December 2015, 342,000 children had access to temporary classrooms (a 30 per cent rate of coverage), of which 196,300 children had been assisted by UNICEF. The Education Cluster’s public information Back to School campaign reached one million.

The District Education Officers (DEOs) played a key role in determining coverage, with strategies and effectiveness reportedly varying widely. In one district, the DEO was reported to be very active and prioritized assistance in the VDCs with schools with extensive damage and the largest number of students affected, allocating remote VDCs to specific partners. However, in another the DEO took a blanket approach, allocating TLCs to all VDCs with damaged schools regardless of the number of students in need of classrooms.

Figure 4: Number of TLCs targeted and established by district



Source: Education 3Ws, 19 January 2016

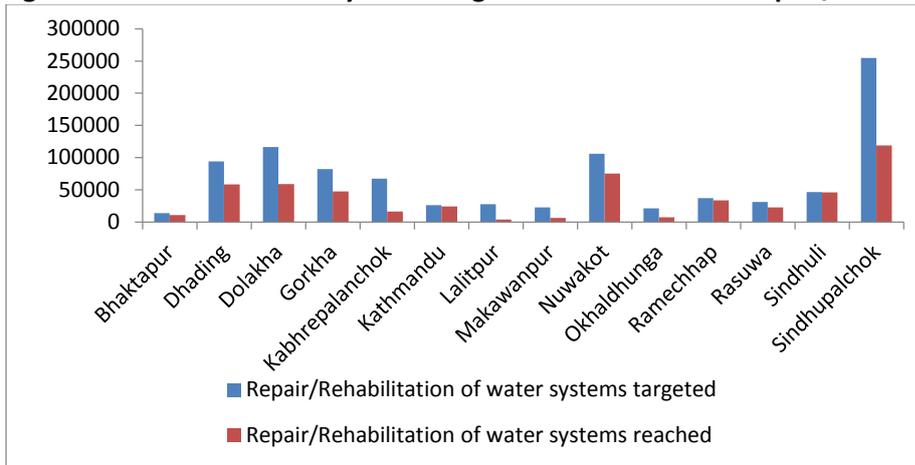
³⁸ Data for a longer period has been requested.

³⁹ Nepal Education Cluster Earthquake Response Strategy, May – Sep 2015, p.1, p.5

WASH

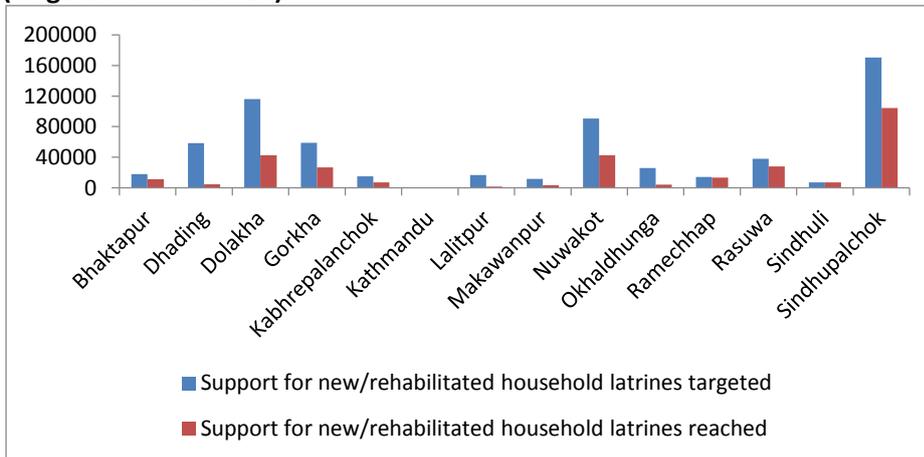
The WASH response in terms of access to water and sanitation was intended initially to cover the needs of the IDPs in sites and communities. From the initial estimation of the affected population, UNICEF established a specific target of 840,000 people. The evolution towards a community WASH, addressing needs at community level, challenged the initial approach and had to deal with widespread structural gaps in addition to the needs caused by the earthquake. Coverage was arranged through cluster division of labour, but reaching the established targets remained problematic, specifically in the case of sanitation due to the change in approach from camp to household. The evaluation team could confirm the existence of gaps in terms of access to water and availability of latrines in the localities visited, but not always as a consequence of the earthquake.

Figure 5: Number of water systems targeted and reached for repair/ rehabilitation



Source: National WASH Achievements R18

Figure 6: Number of individuals receiving support for new/rehabilitated household latrines (targeted and reached)



Source: National WASH Achievements R18

Regarding the activities related to the WASH kits distribution, coverage was achieved according to planned targets. In many places all three components of WASH were delivered to all locations. However, in some cases, only a single component was delivered due to remoteness and the nature of the materials. For example, only hygiene kits were delivered to Chhekampar in the Gorkha District. The household survey confirms the high coverage of WASH kits in the locations surveyed.

Figure 7: Number of individuals targeted and reached for soap distribution



Source: National WASH Achievements R18

Child Protection

Coverage varied between programme activities. The use of radio messages and IEC materials by C4D significantly increased indirect coverage of Child Protection activities such as community awareness raising on trafficking. UNICEF's third party monitoring consistently found that awareness of CFSs was very low, partly due to the limited availability of CFSs in the VDCs monitored. As part of the family preservation programme, data was collected on 40,848 separated, unaccompanied and vulnerable children in 628/747 or 84% of all VDCs/municipalities in the 14 affected districts. Cash support reached 36 per cent of the vulnerable children identified. This was an expansion of the initially planned figure (700 per district).

C4D

A salient feature was the high coverage of radio messaging from the early phases after the earthquake. This was noted by the affected population met and confirmed by the household survey. C4D not only used functioning radio networks, but provided help for reconstruction and rehabilitation of damaged stations, allowing for early reactivation of community radios.

3.4.2 Coverage of vulnerable groups

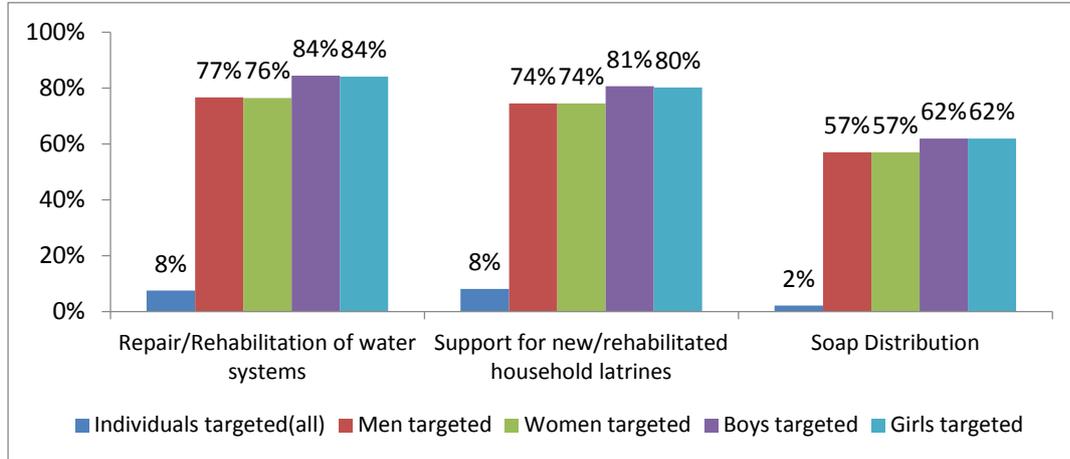
In line with the CCCs, the IRP contained a vulnerability focus. UNICEF requested its PCA partners to address the needs of specific vulnerable groups, and made this an explicit part of PCA documents. In addition, UNICEF put in place a third party monitoring system to identify information on possible gaps in coverage. However, some UNICEF sections, notably Child Protection and Social Policy, appear to have targeted the vulnerable – disabled, women and girls, marginalised ethnic groups, and economically disadvantaged – more systematically than others. The household survey discloses that respondents were generally unaware of any groups who had not received support, with only 11 per cent of respondents in Dhading and three per cent of respondents in Sindhupalchowk aware of any groups which had not received support.

Measures put in place by UNICEF to reach the most vulnerable included helicopter drops and *sherpas* to deliver educational supplies to children in remote locations, the shipment of medical supplies and tents by helicopter, and the use of existing vulnerability lists/criteria to target and identify vulnerable beneficiaries.

A full analysis of UNICEF's coverage of vulnerable groups is hampered by the limited disaggregated programme data available. Disaggregated data on vulnerable groups compiled by clusters varied in quality and was generally limited to gender and age. For example the Education Cluster and DoE had precise disaggregation including as well ethnicity/marginal groups and disability, but UNICEF was not

able to access all the disaggregated data for planning, response and reporting for the earthquake response. The data published by the Protection Cluster in the 5Ws could not be disaggregated by gender due to the incomplete nature of the data submitted by partners. Furthermore, disaggregated data that was collected by UNICEF sections was not systematically reflected in HPM reporting. Missing data was also prevalent in WASH (see Figure 8 below).

Figure 8: Percentage of missing data for activities listed in WASH 4Ws, Individuals targeted



Source: National WASH Achievements R18

Social Policy

Social Policy was an example of targeted coverage, as vulnerability criteria were used extensively. Groups which received an emergency top-up in addition to their regular social assistance grants included persons with disabilities, older persons, widows, single women above 60 and Dalit children under five in the 19 severely affected districts.

Of the eligible identified beneficiaries, the program achieved 93 per cent coverage. However, there were some issues in its implementation and coverage. Some recipients did not receive the cash grant on time. In addition, the rigid annual registration process allowed for only those who were registered in the beginning of the fiscal year to receive the cash grant. Those newly born and other eligible persons who did not register during the registration period in the same year (or those still not registered the previous year) were not entitled to receive it, affecting coverage.

Child Protection

Child Protection programmes took specific measures to target the disabled, economically disadvantaged, and families living in more remote VDCs. Disaggregated data gathered by Child Protection indicated that 59 per cent of those reached by psychosocial support activities were female and 41 per cent male, and that the family preservation programme had identified and assisted roughly equal numbers of girls and boys. As was the case in other UNICEF sections, there were parts of some VDCs that still remained too remote for partners to reach.

Targeting the disadvantaged: challenges remain

- **Family preservation programme:** Provided a range of support, including cash, for the most vulnerable children identified using detailed vulnerability criteria (for example, disabled, double orphan, injured, homeless, child head of household). Although the number of VDCs covered during the data collection stage was high, remoteness of certain VDCs significantly slowed data collection in some areas.
- **Child trafficking:** In Dhading, partners reported that their field coordinators had targeted VDCs with marginalized castes and communities/schools in hard to reach locations during community and door to door awareness raising activities on child trafficking. Nonetheless, there was insufficient budget to reach the most remote VDCs.
- **Blanket distributions:** WCO had conducted blanket distributions for the elderly and poorest women in Dhading. Some ethnic groups were not receptive, particularly those living in remote areas that were not familiar with aid efforts, so lengthy efforts were needed to build up a relationship.

Education

Construction of TLCs was prioritised where structural damage to schools and number of children left without a classroom were greatest. This meant that ensuring equal provision of education assistance to students in smaller, underserved rural communities, such as “shrinking” rural Dalit communities, was a challenge. Special measures were taken to support displaced children into school, however. UNICEF’s “Back to School” campaign explicitly addressed the IDP children’s access to education and the Education and CCCM Clusters developed guidance explaining how to identify and assist IDP children to access host-community schools in line with the government’s policy.

According to the Guidance on District Level Coordination, districts should be prioritized based on DoE data over the damage/destruction to classrooms, estimate of population directly affected by destroyed houses, pre-crisis data (gender parity, drop-out rate, etc.), and data on vulnerability to landslides, floods, etc. VDCs and schools should then be prioritized based on the VDCs which were the worst affected, pre-crisis school enrolment data and schools that include secondary levels.

However, UNICEF local partners did not all have the capacity or willingness to work in remote areas, as they were more expensive and more challenging in terms of delivering materials. As noted by UNICEF staff, the blanket approach to funding amounts for TLCs did not take into account the extra cost for transportation of supplies to remote areas.

Key findings: Coverage

- Levels of coverage were primarily determined by the cluster system, making UNICEF proactive and instrumental in ensuring adequate coverage in the different clusters it coordinated.
- Ensuring inclusive coverage was a strategic priority for the HCT; however, fully disaggregated data was not available in order to assess the extent to which vulnerable groups had benefited from cluster assistance.
- Integration of UNICEF’s different sectors into joint programmes was very limited.
- Coverage of vulnerable groups varied significantly between sectors. In the Health and Nutrition sectors, the coverage was in principle limited to the coverage of the health system itself; however the CNW was a very effective strategy to boost coverage. The Child Protection and Social Policy sectors used vulnerability criteria to target the most vulnerable.
- Given the scale of the needs, the coverage achieved in the Education sector was impressive. However, targeting for TLCs was primarily based on structural damage to schools and the number of children without a classroom instead of on disadvantaged communities, geographical remoteness, and communities with significant numbers of marginalized children.
- While using government systems to deliver assistance worked well in the case of Social Policy, in the case of Education, Nutrition and Health, stronger advocacy with the government was needed to expand UNICEF’s coverage and ensure the inclusion of vulnerable groups.
- Though the Social Policy cash top up programme coverage was very high (93%), the rigid annual registration process affected adaptation and coverage of new cases.

- Discrepancies between districts captured by the household survey seem to indicate differences in coverage.

3.5 Efficiency

- *How timely have UNICEF's efforts to scale up the response capacity been?*
- *Were there any innovative approaches that improved efficiency and to what extent?*
- *How efficiently has transition taken place?*

3.5.1 Timeliness

The quick initial deployment of UNICEF staff and prepositioned supplies to respond to the immediate post earthquake situation has already been highlighted. The presence of UNICEF, its engagement in facilitating access to the affected population and in reinforcing the capacities of district authorities was timely and gave UNICEF a first respondent profile that enhanced its credibility and facilitated donor support. The L2 emergency situation was declared and special procedures for procurement, partnerships (PCAs) and recruitment were put in place, most of them until the end of August 2015.

During the first weeks UNICEF managed to mobilise significant supplies on a "non regret" basis, which to some extent allowed for a timely response to needs in the absence of a structured needs assessment. In addition, UNICEF reallocated funds from the regular programme and was able to mobilise human resources from the Zonal Offices and hired staff to support capacity at district level. For instance, 14 CP/GBV TAs/SSAs were hired to support the WCOS and DCBW and district level protection cluster.

Table 1: Timeline of the initial response

Time	Response	Remarks
25 April	Emergency declared and cluster activated	Emergency meeting at MOHA, UNCT and UNICEF
26 April	Cluster meeting initiated at national level and DDRC at district level	UNICEF lead clusters + others
27 to 30 April	District visit (Gorkha, Dhading, Nuwakot) – WASH response	Field updates with first hand information
1 st week of May	Staff deployment to most affected districts District cluster activated and meeting UNICEF programme response and field monitoring	Governance officers as District Emergency Coordinators Sectoral Position/DEC Emergency Unit and sections
2 nd week of May to date	Full response based on cluster response and establishment of Emergency Sites - recruitment as per HR plan	Coordination by DEC initially All Emergency Specialists and most team members on board

Early in the response UNICEF communication staff mobilised from HQ, ROSA and NCO managed to raise awareness over the challenges of the response and the unique position of UNICEF as an agent for relief and recovery. Financial resources were mobilised very effectively and very quickly.

Enabling factors for this swift initial response were the existence of contingency plans, the clear and proactive management leadership and the activation of L2 procedures.

The constraints faced by UNICEF to build on its initial capacity of reaction included the limited contingency supplies foreseen given the scale of the crisis, the constraints faced at port of entry level in terms of getting supplies in, the lack of guidance of the HC in terms of carrying out an initial needs assessment that prevented an integrated UN initial action, and the delays for the deployment and establishment of emergency SOs.

Regarding this initial response, the information obtained indicates that some challenges were experienced in terms of coordination and task definition of the staff deployed, as well as weaknesses in the necessary logistical and operational support. Issues of staff wellbeing had already been raised in the AAR carried out by UNICEF one month after the earthquake; for future crises a clear framework ensuring psychosocial counselling and appropriate working conditions has to be taken into account.

Subsequently timeliness of the response was affected by some constraints:

- The lack of an inter-agency programme and recovery framework able to define UNICEF's own timeline for response. This meant a gap in terms of establishing clear objectives and indicators that could measure UNICEF timeliness. The rollout of the response seems to have entered into a delayed mode after September 2015, when the clusters actually started phasing out and no other programmatic framework took over. The blockade and the festival season also contributed to this.
- The lack of GoN capacity for institutional leadership and the political situation affected decision making and programme planning.
- The fuel crisis (see context) affected the capacity for the timely mobilization of supplies and materials, as well as partners, to remote areas.
- The above factors were exacerbated by the festival season in October, when availability of staff became an issue and local holidays and leaves were widespread.
- Delivery of relief was actually decided and followed at cluster level. Some partners experienced difficulties, and the need to engage inexperienced partners affected as well the timely response and mobilization.
- In some cases inexperience in using L2 procedures delayed recruitment of key staff, and the lack of adequate use of the advantages they allow for has been mentioned in some cases. Waiving of normal recruitment and procurement procedures was extended until the end of 2015, even though the L2 formally ended at the end of August, but the support from ROSA was not permanent, which meant that adequate use of the advantages provided by its support was not ensured.
- Procurement was affected by over-demand on the production side.
- While teams were on the ground within less than 15 days, the timeliness of some interventions was affected by weak technical capacity of partners combined with the complexity and range of some programmes.

Education

Timeliness of TLC construction, supply distribution and training for teachers was variable. By 31 December UNICEF had met its HPM target for TLC construction by 107 per cent and for teacher training by 99 per cent. By contrast, only 68 per cent of supplies had been distributed. WASH facilities were also delayed in some cases, with one partner in Gorkha only having completed 50 per cent of WASH facilities in TLCs by February 2016. Some schools received TLCs, teacher training and supplies before the start of school. However, partners expressed that they were still delivering supplies, building TLCs and doing teacher training in December and January.

According to the 3Ws, by 4 November 5,276 teachers had been trained by cluster partners, leaving 2,830 still untrained. In terms of supplies, by 4 November, supplies, provided by UNICEF, had been delivered for 658,230 students, leaving 341,770 still in need.

Delays were faced as a result of a wide range of factors. These included lack of government approval for TLCs, the blockade, the weather, remoteness of many areas and difficulty in sourcing materials, as well as the limited capacity of some partners. Another factor was the need to purchase some supplies, such as books in the Nepali language, in Nepal. This was difficult due to the damage that suppliers suffered in the earthquake. UNICEF staff also noted that procedures contributed to delays, with UNICEF processes, slow payments, reporting requirements and rigid processes as inhibiting factors in the ability of suppliers to deliver quickly.

In order to help reduce the delay in supply delivery, UNICEF made adjustments, such as changing from the metal kits to waterproof bags to make shipping easier, especially to the harder to reach areas. UNICEF staff recognized the importance of prepositioned supplies, such as the school in a box, in being able to respond rapidly. The Education Cluster also highlighted the need to consider cash programming for supplies in future emergencies.

Child Protection

Timeliness of the Child Protection response was also mixed. While interventions such as radio messages, community mobilisation and psychosocial support began within a few days, implementation times for CFSs varied significantly. Conceived as a short to medium term response, nearly half of all CFS had been established by the end of June. Others were established several months after the earthquake. Steps were taken to mitigate delays through the provision of backpacks with toys to families and communities. Summer clothes distribution was also delayed, with clothes generally reaching communities after the summer. Where this happened, distribution was postponed until the following summer.

Social Policy

In the case of Social Policy, the top up cash grant had been distributed to over 90 per cent of the targeted population but timeliness and availability of the funds was an issue. The process faced delays, as the approval of the plan, release of funds, funds arrival in the DDF and DDF distribution of funds to the VDCs were not concluded in the given time. The idea was to provide a cash top up to the recipients at the same time that they would get their regular social support grant which is given on a quarterly basis. The top up cash grant was distributed largely to recipients in three different quarters in different districts, from the third quarter of the Fiscal Year (FY) 2014/15 to the 2015/2016 first quarter, and in nine districts it was distributed separately before the end of 2015. In Sindhupalchowk and Dhading it was distributed together with the regular allowance whereas in nine districts it was done separately in the third quarter of 2014/15. In the remaining eight districts it was done in the first quarter of 2015/16 together with the regular allowance. The survey reflects these variations.

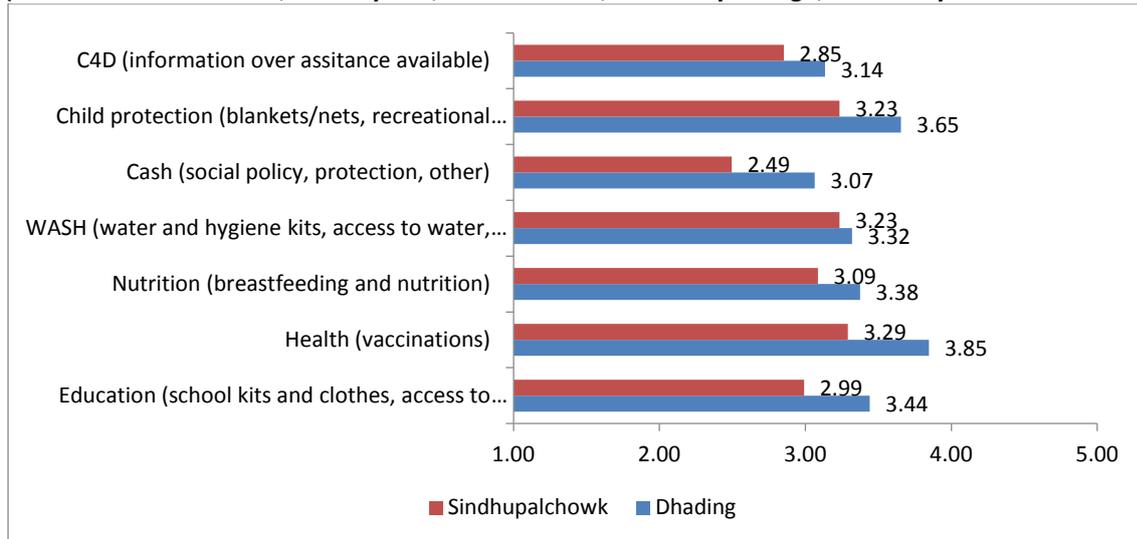
The use of the available institutional social support systems cash transfer modality was intended to avoid creating a parallel system. Using the existing system provided evident efficiency gains. The intention of this initiative to build the basis for a permanent social support system targeting the vulnerable is very relevant. A second round targeting all children under five uses a new approach, which avoids costly targeting, increasing its efficiency, and intends to contribute to the development of a permanent support mechanism for the target group.

3.5.2 Survey findings on timeliness

According to the survey, overall respondents in both districts viewed support as being provided a little late (Figure 9). Generally respondents in Sindhupalchowk felt that the support came slightly

later than respondents in Dhading. Cash assistance and information over assistance available, particularly in Sindhupalchowk, received the lowest scores in terms of timeliness. Cash support provided by child protection was ranked as the least timely form of support provided. When asked about when they had received the support, the majority of the respondents received the assistance between the months of May and September. In general, except for the cases of cash assistance and C4D related activities, there were no large differences in the average timeliness of the assistance provided in each sector.

Figure 9: Timeliness of support received (average of responses per sector) (Q49)
(1 = Too late to be useful; 2 = Very late; 3 = A little late; 4 = Timely Enough; 5 = Exactly when I needed it)



3.5.3 Cost effectiveness

The evaluation could access limited data regarding cost effectiveness of the interventions. This type of analysis requires specific data on how effective the intervention was in terms of outcomes. Cost-efficiency is normally the dimension that can be analysed. The CNW provides, however, an excellent example of cost effectiveness analysis,⁴⁰ showing adequate gains in results justifying the investment (see under effectiveness). Issues remain, however, on the actual efficiency of the setting up of a specific system for case management of acute malnutrition, as was intended through the establishment of the OTCs (average of less than one case per OTC per month). Ensuring capacity for SAM case management through the IMCI protocols would be more efficient.

Regarding the Social Policy top up cash transfer, the modality of using the already established system to reach the intended vulnerable groups provided for a very cost efficient means of reaching impressive results. With an investment of USD 13 million, cash was distributed to 434,000 beneficiaries for a value of USD 12.4 million.

3.5.4 Funds mobilization

Of particular interest is the fundraising capacity of UNICEF for this crisis. From an initial request of USD 62.5 million through the Flash Appeal of April 29 2015, UNICEF launched the HAC in May requesting USD 120 million to cover the relief operation. To be noted that the initial planning figure in the IRP (drafted on 5 May 2015) was USD 49 million for the different activities for three months. The issue of the lack of a programmatic tool and work plan to justify the increase in requested funds

⁴⁰ See: *Cost-effectiveness Analysis of CNW for Emergency Nutrition Response in Earthquake Affected Districts in Nepal*, Institute for Nepal environment and health system development, (INEHD), Kathmandu, Nepal

is discussed elsewhere. Furthermore, some additional funds accounted for as humanitarian funding (FTS)⁴¹ are actually funds already allocated to the recovery and transition phase.

Most of the funding received for the HAC was thematic funding, from private donors or UNICEF's National Committees (Natcoms) meaning that it is untied support and can be used for anything NCO would require in order to respond to needs. The WB funds are actually allocated to recovery and transition activities being programmed from January 2016. This seems to imply that there is already alternative funding for the transition phase, irrespective of the remaining funds for the humanitarian response. The following table summarizes these aspects.

Table 2: UNICEF Funding Summary

<i>Sector</i>	<i>IRP May 5, 2015</i>	<i>Requested Flash Appeal June 15</i>	<i>Funding up to June 2015</i>	<i>Requested HAC June 15</i>	<i>Funding Sept 15</i>
Health	15,498,000	15,498,000	7,080,197	24,000,000	8,716,750
WASH WASH coordination	13,100,000	24,930,000 500,000	9,081,070	25,000,000	11,584,160
Education	10,000,000	11,475,000	8,330,578	25,000,000	11,897,015
Nutrition Nutrition Coordination	6,000,000	6,299,000 500,000	4,320,986	11,000,000	7,588,612
Child Protection	3,895,000	3,300,000	4,646,122	11,000,000	6,281,037
C4D			1,025,517	1,000,000	1,759,099
Social Policy			8,909,344	17,000,000	15,289,927
Sector Coordination and Field			4,250,565	6,000,000	10,980,252
Unallocated					30,375,418
Total	49,093,000	62,502,000	47,726,378	120,000,000	104,472,274

As of February 2016 USD 84.6 million was committed, while expenditure amounted to USD 67.6 million. Even though the HAC was extended until March 2016 there is some likelihood that there will be some amount of underspending, although the absence of a rolling work plan makes this difficult to gauge.

Table 3: Funding allocations and expenditures (up to February 2016)

<i>Sector</i>	<i>Total allocated up to February 2016</i>	<i>Expenditures up to February 2016</i>
001 – 5.1 Education Earthquake Response	19,969,555	11,017,213
002 – 5.2 WASH Emergency Earthquake Response	10,795,394	9,633,743
003 – 5.3 Health Emergency Earthquake Response	11,399,171	9,437,848
004 – 5.4 Child Protection Earthquake Response	5,902,622	5,856,514
005 – 5.5 Nutrition Earthquake Response	7,209,911	6,260,426

⁴¹ FTS accounts for funds received by UNICEF to sum up to USD 124.2 million, reflecting the 116 million for emergency response and the additional funding by development donors provided later (WB, Finnish, EU).

006 – 5.6 M&E Emergency Earthquake Response	733,257	486,536
007 – 5.7 C4D Emergency Earthquake Response	2,774,431	1,550,063
008 – 5.8 SPEA Emergency Earthquake Response	14,560,000	14,286,209
009 – 5.9 PAC Emergency Earthquake Response	1,217,787	1,000,978
010 – 5.10 Operation Costs Earthquake Response	9,009,362	7,652,953
011 – 5.11 Field Operations Earthquake Response	1,102,315	431,486
Total	84,673,805	67,613,969

3.5.5 Human Resource mobilization

NCO evolved from 160 staff in March 2015 to 242 in February 2016. UNICEF NCO had approximately overall 180 surge staff available,⁴² which includes standby partners, UNICEF staff members from other offices on mission, and staff deployed from ROSA starting from 15 April 2015 until the end of December 2015.

The initial deployment of staff from Zonal Offices and NCO to the most affected districts allowed for an early presence of UNICEF at district level, enabling it to better guide the appropriateness of the response. A particular aspect of the staff mobilisation was the fact that NCO and ROSA staff and family members were also affected by the earthquake. In this sense already in the AAR carried out by UNICEF one month after the earthquake, issues of staff wellbeing were raised; for future crises a clear framework ensuring psychosocial counselling and appropriate working conditions has to be taken into account as well as an overall package of support to affected staff and their dependents. At the request of the Regional Director, the UNICEF Executive Director agreed to make 'ex gratia payments' to UNICEF national and international staff based in Nepal whose residence had been partially/fully damaged.

This initial approach for staff deployment presented challenges for operational support, task definition and coordination. It was intended to be consolidated into SOs with complete technical teams covering the affected districts. From the initial swift deployment of staff, a more structured field presence was envisaged through the establishment of technical teams in five SOs⁴³ in Dolakha (covering Dolakha, Ramechhap and Okhaldhunga districts), Sindhupalchowk (covering Sindhupalchowk, Kavre and Sinduli districts), Kathmandu (covering Kathmandu, Lalitpur and Bhaktapur districts), and Gorkha (covering Gorkha, Dhading and Makwanpur) and Nuwakot (covering Nuwakot and Rasuwa).

One of the challenges in timeliness has been the delayed establishment of those SOs. Delays in administrative procedures and recruitments held back the roll out of the full capacity of the SOs. In fact teams were yet to be completed by the end 2015, and the time elapsed since the closing of the clusters and the general post emergency mode of the operations in the field now challenges their role. SOs will have to adapt to the new planning framework, define the roles of the technical staff, their accountabilities and reporting lines.

3.5.6 Supplies mobilization

UNICEF was able to mobilise contingency supplies on short notice and deliver them to the affected population. It was also possible to initially mobilise significant "no regret supplies" to be provided while more specific information on needs was made available.

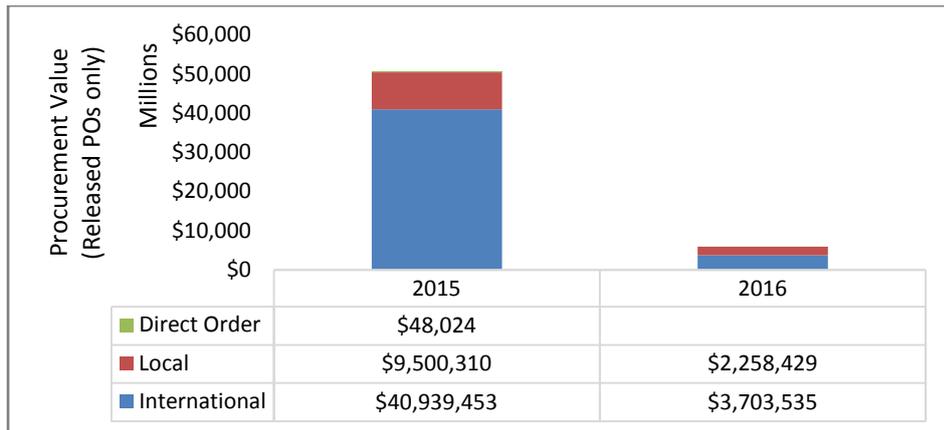
⁴² Disaggregated data requested (pending).

⁴³ SO stands in the report as Sites Offices, the term widely used at the time of the evaluation. The term Emergency Sites Locations is now proposed. The evaluation keeps for the moment the SO acronym as it seems more widely used and easy to understand than ESL.

The UNICEF supply section increased the volume of its procurement from the average USD 5 to 7 million of the regular programme to USD 50 million up to end of 2015 to respond to the request of the different sectors. To be noted that each section designed its own Emergency Supply Plan, and that the supply section was able to engage additional staff to deal with the increased workload. Surge staff were mobilised from Copenhagen and four additional staff were deployed to the field for logistics. The supply section grew from five to 16 staff during the peak of the crisis.

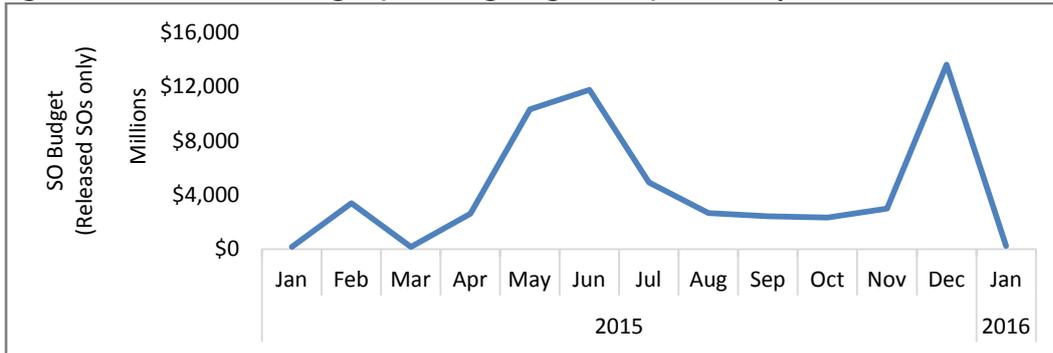
Higher prepositioning of stocks to respond to the emergency would have been beneficial, along with a strategy to delivery additional key suppliers in an expedited lead time. Eighty per cent of the procurement was ultimately undertaken from overseas, as shown in Figure 10. Some sections, notably Education, would have benefitted from a higher proportion of local suppliers. The large quantities of suppliers required meant that the local market would have struggled to provide them. This was compounded by the capacity challenges faced by local suppliers due to damage suffered by manufacturing facilities in some cases. Furthermore, once the blockade was underway many suppliers could not continue production due to shortages of raw materials and fuel, therefore limiting local capacity further. Consequently, purchasing supplies locally had multiple challenges resulting in a strategy that combined local and international procurement.

Figure 10: Total procurement value by type of procurement – based on PO creation date regardless of the sales order creation date and sales order status



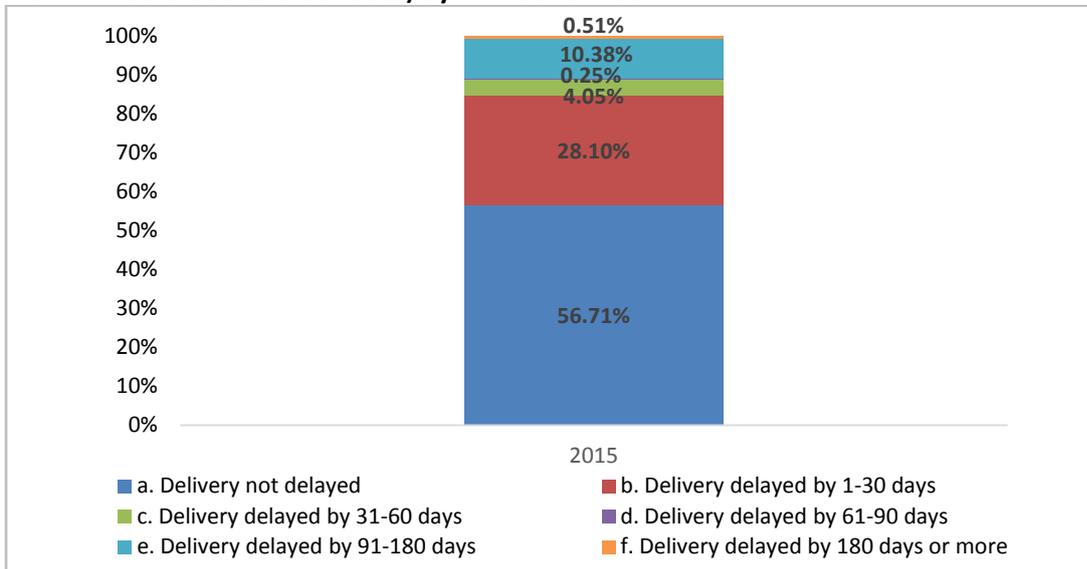
Over time sales orders were mainly placed at the beginning of the period, in May and June. The low budget allocated from July to November reflects the period of delivery of sales orders from the initial months. The lack of a steady procurement evolution over time may reflect the character of short term emergency operations and probably the lack of early recovery programming after the initial phase that could have required additional inputs to be processed over time. The peak in December probably indicates orders covering the end of the emergency phase in light of the gaps identified still to be addressed (Education, WASH) and the upcoming need for supplies for the transition plan (WB/MOFALD) and the ongoing prefab orders.

Figure 11: Sales orders budget (including freight lines) released per month



Regarding performance in timely supply, data shows that most of the goods were delivered to implementing partners with less than a 15 day delay over the foreseen date.

Figure 12: Final status of completed deliveries as per agreed sales order TAD (excluding deliveries with TAD before sales order date) by number of POs



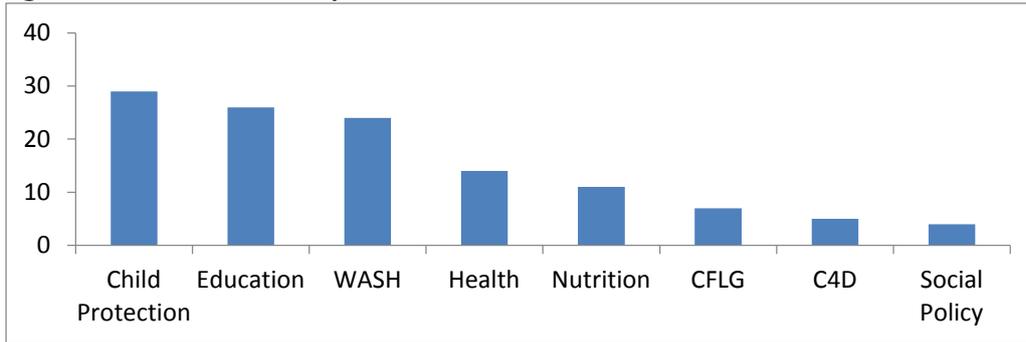
From September onwards the situation at the Indian border began to critically impact the ability of supplies to be delivered. Some goods were stuck in India for over 6 months, with the delivery of supplies in Nepal already restricted due to the lack of fuel available to transport goods from central warehouses to regional and district locations. This resulted in a general blockage throughout the supply chain due to the difficulty in moving supplies within the country.

The estimated direct cost of the border blockade on the supply process is upwards of USD 150,000. These costs are related to additional costs for transportation, storage and container usage due to the extra time that supplies spent at the Kolkata port or waiting on trucks at the border crossing points.

3.5.7 Partner mobilization: PCAs

UNICEF relies on implementing partners to carry out the planned activities. The response to the earthquake required the mobilization of partners and their engagement through PCAs or Small Scale Funds Agreements (SSFA). UNICEF sections engaged with implementing partners through 124 PCAs and a number of additional SSFA (11 for WASH). The total amount of the funds allocated to PCAs is USD 25,575,066.

Figure 13: PCA breakdown per section

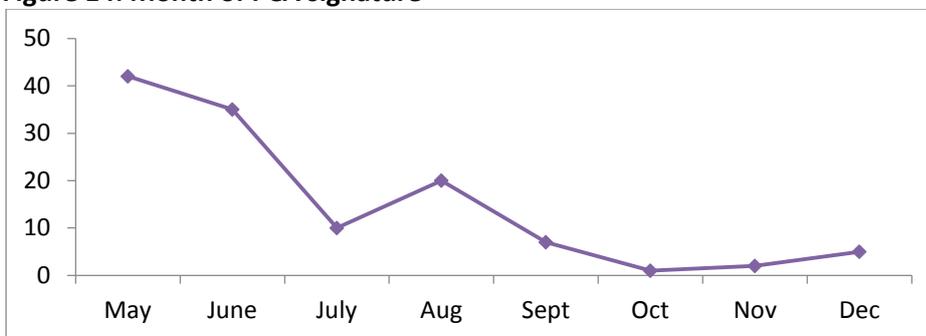


There was a notably high number of PCAs mobilised for Child Protection, Education and WASH. These PCAs required an effort to monitor and harmonise, and implied multiple management and administrative costs. For example, a monitoring system was established by Child Protection, and a staff member was appointed to prepare PCAs and ensured their harmonisation.

The average length of a PCA was 84 days (2.8 months), and they were signed mainly between May and August 2015 (see Figure 16 below).

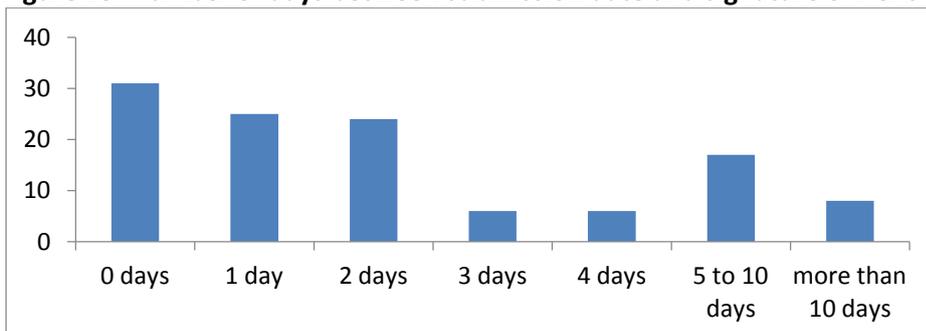
Collaboration between the UNICEF education section and the Education Cluster in this area was a good practice. First, the section only considered PCA requests from partners who were actively participating in the Cluster, which included reporting on their activities, and second, the Cluster reporting system was adapted to include the needs of the UNICEF education section so that implementing partners only had to report once to the Cluster, which was then shared with the section.

Figure 14: Month of PCA signature



The outstanding efficiency of the process of signature of PCAs should be highlighted, with most of them (85) signed in less than three days from submission, as shown in the figure below.

Figure 15: Number of days between submission date and signature of PCAs



The evaluation could not find evidence of negative effects of this processing speed, but it would appear that for some partners the early signature, and hence the funds, may have been available before they were ready for implementation. The evaluation team noted in the field that most of the implementing partners were carrying out the activities under no cost extension arrangements, some of them well into 2016. Delays were also related with difficulties related to the fuel crisis and protracted procurement procedures.

Factors affecting better management of partners' mobilization include: lack of strong local NGOs, the need to be flexible on selection criteria, and lack of training materials available for partners. In some districts and for some sectors partners were difficult to find.

3.5.8 Efficiency of the transition process

The evaluation identified a number of activities carried out in order to ensure that different sections' programmes incorporated early recovery activities. This was reflected in the AAR in May and in other cluster related documents, such as cluster transition plans from September 2015. At the end of 2015 all sections had reviewed their response to date and formulated a clear approach to transition.

The initial IRP of UNICEF was not followed by any programmatic framework or work plan as to articulate the transition challenges that became evident. In fact, transition and recovery oriented activities should have been foreseen from the beginning (see appropriateness). The lack of any programmatic work plan within UNICEF that would have allowed for better integration of different sector responses and ensured an adequate transition to the recovery and reconstruction phase was a gap identified from September 2015 to February 2016. This gap affected the operations in the field, extending the same type of activities over time and delaying the adoption of the transition plan until February 2016.

Contributing factors mentioned to explain the gap include the lack of a UN integrated multi-sectoral early recovery planning framework approach and the delays in appointing the head of the NRA and it being operational. However, in terms of efficiency, resources, time and dedication for transition related issues, it did not translate into effective programming.

3.5.9 M&E

Each UNICEF section oversaw their partners' monitoring of the emergency response. Data gathered was used for internal and cluster purposes. To reduce the reporting burden, the Education Cluster asked partners to use the cluster 3Ws with modifications to meet UNICEF's internal reporting needs. This was identified as a good practice by the Global Education Cluster.

At corporate level UNICEF's response was monitored through a pre-established set of HPM indicators. While this provided essential information that allowed for follow up and was useful at global level, the system proved rigid and unable to adapt to the country context and sector specific indicators, notwithstanding requests from NCO sections.

As partners did not always provide timely and accurate data, the UNICEF Planning & Evaluation section, with support from sections, established an end user third party monitoring partnership. This carried out periodic external monitoring of UNICEF activities in different areas. The reports integrated all UNICEF sections and provided a comprehensive understanding in terms of adequacy and coverage.

The third party monitoring was organized by external teams that visited different locations and with a number of questions covering the entire spectrum of the UNICEF response. While this is a very interesting initiative, its efficiency and effectiveness should be gauged by the use and appropriation

that the different sections undertook regarding its feedback, and its influence in setting up a culture of integration within UNICEF. The current lack of an integrated programme framework prevents an easy understanding of the issues at stake that the third party monitoring could raise.

3.5.10 Innovation

A number of innovative approaches with an efficient approach were put in place by UNICEF to address some of the challenges in the response:

CwC: A very efficient coordination mechanism that managed to raise the profile of beneficiary consultation and two-way communication. The group, led by UNICEF, put in place for the first time a platform collecting information, carrying out surveys, centralizing messaging, and ensuring coherence. The high coverage of radio programmes, interest in mass psychosocial counselling, and the CFP, are all experiences that should be properly accounted for in order to drive lessons and build experience. Challenges remain on the actual use of the information provided to influence or trim the response.

Cash transfer program: The use of vulnerability criteria in the cash top up grant already used by the GoN system and the targeting of these individuals proved to be a very efficient way to address the cash program. The programme managed to reach the targets, and operational costs were largely reduced.

Children Nutrition Week (CNW): This initiative proved to be very cost effective and efficient in the use of resources to increase coverage and outreach for achieving targets, managing to overcome the limitations of the health system in terms of access to the population of concern.

Child consultation: This initiative succeeded in getting feedback from children on recovery needs, and will raise the profile of children’s voices and perceptions in the reconstruction phase. Child consultations were innovative and led to children views’ being included in PDNA planning.

Key findings: Efficiency

- Resource mobilization was significant in terms of funds, supplies, staff and partners.
- There is no planning framework in which to insert a work plan allocating the increase in funds raised after the initial IRP. The new WB funding provided for the transition phase raises the issue of possible underspending of the remaining funds for the HAC. These could potentially be used to strengthen linkages between relief, recovery and development activities.
- Challenges in timeliness have been identified across all sectors, affecting the delivery of goods and activities: the fuel crisis, procurement times, lack of experience with L2 procedures, partners' low performance and the lack of a reference planning framework for the transition from September, all contributed to the slower response between October and February 2016.
- The Social Policy top up cash grant is an example of good practice but timeliness in delivery was an issue.
- The CNW was ultimately a cost effective intervention with evident gains on results.
- The UNICEF M&E section established a third party monitoring partnership, and carried out periodic external monitoring of UNICEF activities. This provided a comprehensive understanding in terms of adequacy and coverage, but needs to be better integrated into program management.

3.6 Effectiveness

- *To what extent has the UNICEF response met its program targets as specified in the HAC?*
- *To what extent has UNICEF’s intervention contributed to an enabling environment for the human rights of women and children?*
- *To what extent was UNICEF’s delivery of services well-integrated?*
- *To what extent have the services and goods provided been adequate, accepted and used by the*

affected population?

3.6.1 Results achieved against programme targets

The first level of analysis for effectiveness is provided by the HPM indicators. Targets as defined in the HPM included in the HAC have been largely achieved (see Table 4). While they are valid broad monitoring and communication tools, allowing for harmonised reporting on global achievements of humanitarian action for children, HPM indicators provide a limited understanding of the effectiveness of the response carried out. Not all activities are reflected in the HPM indicators, as they are rather output indicators and do not help to capture integrated outcomes. Disaggregated data is not reflected in the HPM indicators. Neither do they help to understand progress towards early recovery and transition.

That said, as of December 2015, UNICEF targets defined in the HPM included in the HAC have been largely achieved with the exception of indicators on SAM children admitted for care and access to adequate sanitation (see Table 4).

Table 4: UNICEF HPM Indicators

<i>Sector</i>	<i>UNICEF 2015 Target</i>	<i>UNICEF Total Results</i>	<i>% UNICEF Achievement</i>
NUTRITION			
Children aged 6-59 months with severe acute malnutrition in severely affected districts who are admitted to therapeutic care	2,500	1,347	54%
Children aged 6-59 months in severely affected districts who receive multiple micronutrient powder to improve their diets and prevent nutritional deficiencies	323,775	326,091	101%
Mother of children 0-23 months old living in the severely affected districts who receive information and counselling on breastfeeding and complementary feeding	126,000	142,731	113%
HEALTH			
Children aged 6-59 months in the severely affected districts vaccinated for measles	504,000	537,081	107%
Children under 5 in the severely affected districts have access to life saving services for diarrhoea	280,000	406,181	145%
Mothers and newborns in the severely affected districts reached with essential and emergency care	41,850	46,522	111%
WASH			
People in the severely affected districts with access to a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	840,000	1,283,640	153%
People in the severely affected districts with access to adequate sanitation and hand washing facilities	840,000	410,899	49%
People reached with hygiene education materials and interpersonal communication	840,000	887,009	106%
CHILD PROTECTION			
Children in the severely affected districts received community-based psychosocial support as well as specialised psychosocial service	165,300	176,363	107%
People in the severely-affected districts reached by community groups to prevent and address violence, abuse and exploitation, including gender-based violence and trafficking	143,500	161,877	113%
Children identified as separated or unaccompanied as a	60% of	516	100%

result of the earthquake are reunited with their families or placed in proper alternative care	identified cases		
EDUCATION			
Children in severely affected districts accessing temporary learning centres	183,640	196,300	107%
Teachers working in severely affected districts trained on psychosocial support and dissemination of key life-saving messages	8,106	8,000	99%
Children benefitting from emergency Early Childhood Development (ECD) kits and emergency school kits	1,000,000	682,820	68%
C4D/ SOCIAL POLICY			
People in severely affected districts are reached with critical life-saving information	1,000,000	1,000,000	100%
Vulnerable people including persons with disabilities, older persons, widows, single women above 60 and Dalit children under 5 in 19 severely affected districts receive an emergency top-up to their regular social assistance grants	400,000 ⁴⁴	434,000	109%

Source: HPM indicators, December 2015

Health and Nutrition

On the effectiveness dimension, the response in health and nutrition aimed at preventing nutrition deterioration and communicable disease outbreaks, and has to be judged as highly effective. Moreover, the strong emphasis of the health sector in preventing diarrhoeal disease, jointly with the WASH contingency plan and swift response to the first cases of cholera reported, should be judged as effective. The challenge is to build evidence on the positive effects of these preventive measures, but there is a general consensus on the effectiveness of these interventions. Counterfactual evidence cannot be attempted for obvious reasons.

The effectiveness of the support for access to reproductive health services (shelter homes) is related to the actual performance of the health system in Nepal, which has achieved some significant progress in the last years. Available data does not allow for inference of any significant consequences of the earthquake and the eventual disruption of services over infant and maternal mortality.

The likelihood of a deterioration in nutrition was uncertain, and the affected areas at the time were not particularly food insecure. The programme implemented was adequate to prevent nutritional deterioration of the vulnerable and to monitor the situation. The nutritional situation in the areas more affected by the earthquake did not seem to justify a strong nutritional case management approach, rather a preventative community based one. Both aspects were included in the five block nutrition strategy.

The low achievement on SAM cases admitted is a consequence of the weak methodology for estimation of eventual cases requiring attention, as discussed under appropriateness and further argued in Annex 7. UNICEF tried to overcome the limitations in access to the health system through a very successful CNW, reaching most of the target population and capturing most of the SAM children who were treated (probably most of them were existing severe malnourished children at the time, 1,119 identified and referred in the nutrition week, while during the whole period 1,328 were captured for the program). The table below summarizes the achievements for the nutrition aspects of the response.

⁴⁴ Updated figure provided: 434,000 people reached, 109% target coverage

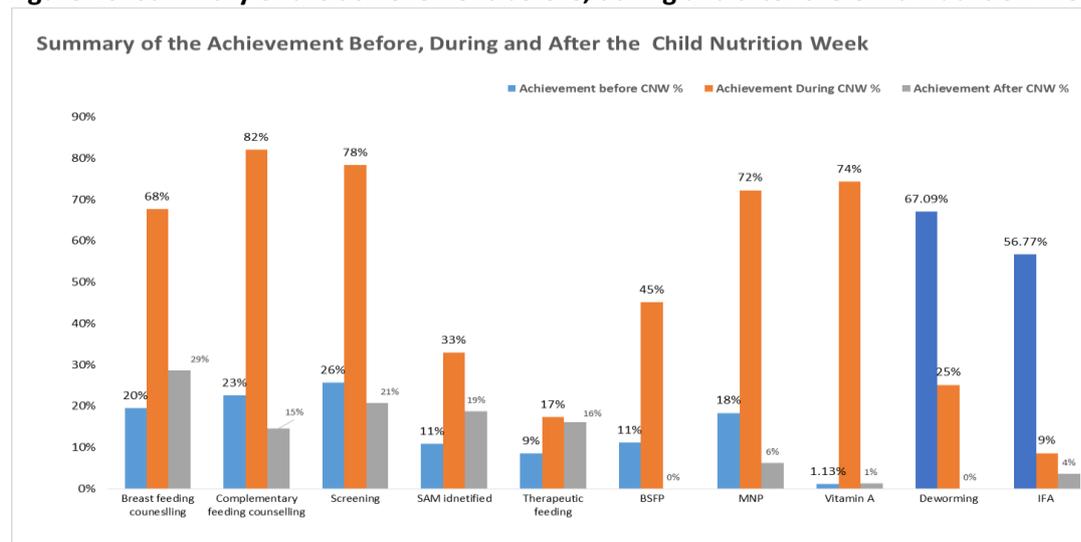
Table 5: Nutrition achievements

SN	Intervention Areas	Total Targeted Population	Total Achievements	
			# of Beneficiary Reached	% of the Reached
1	Mothers/caretakers of children age 0-23 months received counselling on breast feeding and risks of artificial feeding	225,708	152,697	68%
2	Mothers/caretakers of children age 6-23 months received counselling on complementary feeding	167,757	137,719	82%
3	Children age 6-59 months screened using MUAC	476,842	373,546	78%
4	Children age 6-59 months with severe acute malnutrition who are identified through screening	2,500	1,564	63%
5	Children age 6-59 months with severe acute malnutrition who are admitted to therapeutic care	2,500	1,328	53%
6	Blanket Supplementary Feeding Program to the children aged 6-23 months	46,484	26,160	56%
7	Children age 6-59 months who received multiple micronutrient powders (Baal Vita)	451,512	326,091	72%
8	Children age 6-59 months who received Vitamin A capsules	476,842	365,871	77%
9	Children age 12-59 months who received deworming tablets	418,544	385,972	92%
10	Pregnant & breastfeeding women who received IFA tablets	252,043	173,998	69%

Achievements of nutrition intervention, source UNICEF's recovery action concept note 12/12/2015

The following graph shows the effectiveness of the CNW in reaching the targets.

Figure 16: Summary of the achievement before, during and after the Child Nutrition Week



Source: UNICEF Earthquake Review: Nutrition

WASH

The unachieved HPM target refers to the sanitation one. In this case the target was fixed within a week of the Gorkha earthquake on the assumption that 50 per cent of people would stay in IDP camps and 50 per cent in individual households. The ratio for the IDP camps was planned at 50 people per toilet whereas it was five people per toilet for sustained toilets at household level. However, only a small portion of the targeted population stayed in IDP camps for a long period.

Other reasons for underachievement of HPM targets were the late supply of materials or only partial supply of materials due to the amount of time it took to procure (1.5 to 2 months), shortage of fuel and materials after September, and the unavailability of skilled human resources to fix the toilet and hand washing facilities in some locations. Though WASH cluster caseloads kept on fluctuating, the WASH target of 840,000 remained unchanged as the cluster was fully funded. This might have also affected reaching the target.

UNICEF reported the progress on the basis of distribution of the materials assuming that all people would install toilets once they received the materials from UNICEF partners. This was not always the case, as some affected people had not decided where to construct their house, and they wanted to construct the toilet nearby the house (some toilets were still being constructed in February when the evaluation team conducted the field visit). This could have contributed to the discrepancy between the number of toilets distributed and installed.

Education

The education programme was effective in getting children back to school. As of 31 December 2015 UNICEF had provided TLCs for 196,300 children and trained 8,000 teachers on psychosocial support and dissemination of key life-saving messages, overachieving its target for TLCs and almost achieving its target for teacher training. Distribution of schools supplies proved more challenging. As of 31 December supply targets were still not met with only 682,820 children out 1,000,000 planned having received ECD and school kits.

Child Protection

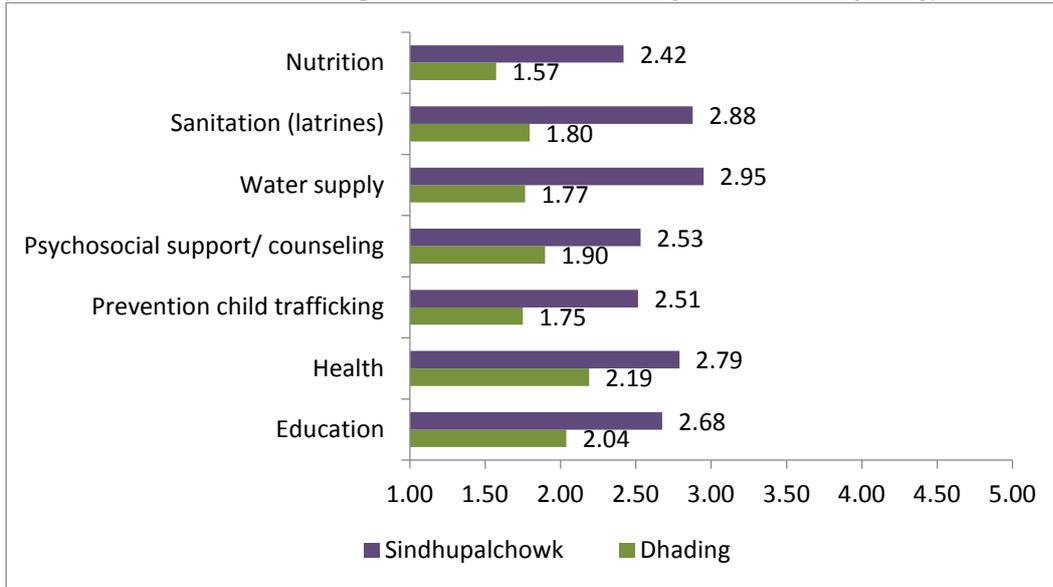
Targets relating to psychosocial care, family preservation and prevention of violence and abuse were reached and exceeded. However, the HPM indicators provided a limited tool with which to comprehensively measure the effectiveness of the emergency programme. The wide range of child protection activities undertaken was not easily reflected in only three indicators. Positive protection outcomes (rather than outputs) identified by the evaluation, such as an increased knowledge of the needs of vulnerable children by government officials at district level, were also not well captured.

3.6.2 Adequacy: Quality Standards

To be noted that according to the household survey, respondents were not positive about the adequacy of the support provided to them, rating it as less than somewhat adequate in all sectors in both districts (Figure 17). Respondents in Dhading rated the adequateness of support lower than Sindhupalchowk in every category.

Figure 17: Adequacy of Support Received (Q32)

(1 = Not at all; 2 = To a minor degree; 3 = Somewhat; 4 = Very much; 5 = Completely)



As mentioned, these results have to be taken with caution, as the survey is indicative and not representative. The evaluation assessed adequacy of interventions in the different sectors:

Health

Health related interventions broadly complied with quality standards for emergencies, such as immunization rates achieved for measles and cold chain improvements. The actual services available in some locations raise some concerns on the quality of the health system overall, as challenges on adequacy of facilities and standards of the cold chain remain.

UNICEF contributed to ensuring access to health services for women and children and other vulnerable populations. Supplies and facilities provided by UNICEF, basically tents, complied with standards for medical care in emergencies and were of critical importance at the time. UNICEF facilitated access to reproductive health programmes and services through the establishment of shelter homes of adequate quality standards; space, cleanliness, internal organization, access to WASH, and food, all complied with relevant quality standards, providing a quality support service. The problem, related with connectedness issues, in sustaining this once UNICEF partners' support ends has been raised.

The strong emphasis of the health sector in preventing diarrhoeal disease should be highlighted, jointly with the WASH contingency plan and response to the first cases of cholera reported, which should be judged as an effective intervention in the framework of a programme complying with the standards for cholera prevention and response. The use of vaccines to pilot prevention in a particular area implies a quality minded approach. Lessons of that experience should be evaluated and built into eventual cholera prevention programmes. The challenge is to build evidence on the positive effects of these preventive measures, but there is a general consensus on the effectiveness of these interventions. Counterfactual evidence cannot be attempted for obvious reasons.

Nutrition

As discussed, the Nutrition program has been adequate and in accordance with accepted standards and the CCCs. The different dimensions of the five blocks are well aligned with a quality intervention. It has contributed to improving the quality of care in the health system, providing training, capacity building and specific referral systems for SAM cases.

The case management protocol is aligned with the Nepal MSNP and uses the performance indicators of reference (admission, defaulters, cure rate, mortality rates), but the low numbers treated do not allow for the evaluation of performance, other than that no deaths were reported. Cases were followed almost individually by partners, the mean of frequentation being less than one case per OTC per month.

Nutrition deterioration and communicable disease outbreaks were prevented; the response in health and nutrition aimed at preventing those aspects. The likelihood of a deterioration in nutrition was uncertain, and at the time the area was not particularly food insecure, but the programme implemented was adequate and complied with quality standards of the nutrition intervention.

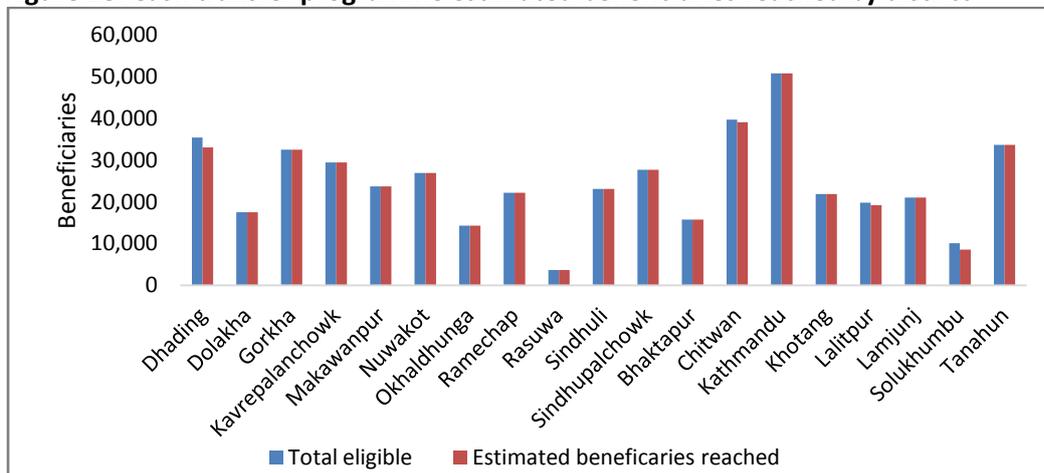
WASH

While the core humanitarian standards were followed in the design of the WASH response, the quality of water supply and implementation of household toilets were a concern. This was reported in the WASH cluster's joint monitoring exercise and also by respondents of this evaluation. In several places, hand washing and purifying materials were not replenished. The purifiers were either not used or not properly used in some cases; the ratio between the purifier and water was reported to have been mixed incorrectly in some locations. Furthermore, some materials were outdated, with an expiration date of January 2015 in some cases as reported in the Review of Earthquake Response by WASH Section of UNICEF on 10 December 2015.

Social Policy

For Social Policy, the highly effective cash top up transfers should be noted, with 99 per cent of the intended target reached. Vulnerable people including persons with disabilities, older persons, widows, single women above 60 and Dalit children under five in 19 severely affected districts received an emergency top-up in addition to their regular social assistance grants.

Figure 18: Cash transfer programme estimated beneficiaries reached by district



As mentioned, the cash delivery took place for the most part in 11 of the districts in the third quarter of FY 2014/15 and in the remaining eight districts in the first quarter of FY 2015/16 (see above on efficiency). The distribution coincided in some cases with the Nepali festival season, and beneficiaries met said the money was also spent on social and cultural celebrations. This is part of the beneficiary prioritization process and is in principle positive as vulnerable people could participate in the celebrations even under the difficult circumstances. The household survey, though, discloses that the cash provided was mostly utilised in supporting education of children (80

per cent in Dhading and 95 per cent in Sindhupalchowk)⁴⁵. However, they were less positive over its impact in reducing their child's vulnerability to trafficking or other types of abuse (40 per cent in Dhading and 26 per cent in Sindhupalchowk).

Other issues included a rigid annual registration process that allowed only those who were registered in the beginning of the fiscal year to receive support. Anyone born after the registration period in the same year was not entitled to receive it. The local level capacity was also inadequate to monitor the implementation, as the VDCs and DDCs have limited human resources and were overloaded with multiple tasks due to the absence of elected representatives.

Education

The TLCs were successful in bringing children back to school in safe learning spaces, with schools regularly reporting attendance at or above levels before the earthquake and observations in the field confirming that they were for the most part actively being used.

While the use of local products and quick design sped up the process of constructing the TLCs and WASH facilities and getting children back to school, various concerns arose about the quality of the facilities impacting children's ability to learn effectively. In interviews with school staff, several teachers voiced concerns over TLCs being cold and windy in the winter, noise between the classes due to poor partitions, dust coming in through the bamboo, and dew soaking through the tarpaulin roofs, falling on desks.

There was also concern over the quality and adequacy of WASH facilities in schools. Lack of a water source was observed several times in visits to schools. Sometimes this was a problem caused by the earthquake, and sometimes this was already a problem the school had before the earthquake. The quality of the materials used also affected latrines. In one case the bamboo doors were not strong enough to withstand repeated use by students, despite repairs.

Although the Education Cluster developed a Guidance Note on the winterisation, winterisation was not included in the TLC design and some partners found it difficult to get additional funding to do so. In observations, while some TLCs had been winterised, many were not.

Teachers and local partners highlighted psychosocial training and activities as helpful in their classrooms, giving children and teachers a psychological boost. However, the "Training of Trainers" model adopted was not always effective. In some cases the dissemination to other teachers was too limited and other teachers stated that the training was too short and content not sufficient. School supplies were not always used or were saved by teachers for future use. In an effort to address this concern, a manual for education supplies was sent to schools along with the materials.

A UNICEF funded Rapid School Structural Assessment provided an important initial source of data on damaged school buildings. However, failure to put in place adequate follow up mechanisms meant that some schools began to use red flagged classrooms alongside the TLCs. Other schools were unclear on the red and green flag designations, especially for classrooms not completely damaged. A CFP report noted that children's concerns were mainly about healthcare and school and home safety.⁴⁶

⁴⁵ The cash support reported in the survey may come from various sources/programmes. Respondent responses were not limited to the Social Policy cash programme.

⁴⁶ *INTER AGENCY COMMON FEEDBACK REPORT, JANUARY 2016 FEEDBACK REPORT NEPAL*, January 2016, http://un.org.np/sites/default/files/20160303_cfp_january_2016.pdf

Child Protection

In line with the CCCs, the emergency response undertook a range of activities to prevent and respond to violence, abuse, exploitation and neglect of children. These included psychosocial counselling, referrals, community mobilisation and case management support. The data collection component of the family preservation programme was a first in terms of identifying vulnerable children in the 14 districts and as such was key to strengthening national child protection systems. UNICEF hired one IMO for each district to assist the DCWB officials with data analysis and also took proactive steps to strengthen the Child Protection section's own in-house information management systems and data analysis capacity. Nonetheless, follow up of the vulnerable children identified posed a challenge due to limited government support services and NGOs working on child protection issues.

C4D

The CwC working group has been able to bring together several partners, including the CFP, which provided periodic feedback from communities through surveys to the affected population. From this useful exercise some trends in the way the aid effort is matching needs are possible to be tracked, as well as the main challenges. The last report⁴⁷ is particularly useful as it provides the perspective of evolution over time of the main issues. While there is a general positive perception on the progress of aid provided, concerns related with children are mainly about healthcare and school and home safety. The main problems are still shelter, financial support and the need to better understand and be informed on GoN decisions and mechanisms to channel assistance.

The C4D section was able as well through the CwC working group to harmonize and coordinate the messaging of different partners and different sectors. The working group produced 19 types of materials and distributed 1.8 million copies.

UNICEF C4D and CwC messaging achieved a saturation of coverage through the different radio networks and in different local languages. An assessment of the effectiveness of the communication has been carried out, and shows a quite impressive 87 per cent of messages recalled.⁴⁸ The radio program provided specific information and mass psychosocial support to different target groups (women, young people, adolescents, children) and steadily turned into a very strong platform to promote UNICEF sectoral initiatives such as the Back to School Campaign, Nutrition Week and the cash transfer scheme for earthquake affected families belonging to certain disadvantaged groups.

Regarding effective and reliable sources of information, the household survey respondents reported their main ones after the earthquake as the radio, friends and family and mobile phones (calls/SMS), with half of respondents rating the radio as their top source of information after the earthquake. In addition, respondents rated the reliability of the information they received highly (80 per cent in Dhading and 91 per cent in Sindhupalchowk).

3.6.3 Integration of UNICEF programmes

In general terms programming, implementation and monitoring was not integrated across UNICEF sections. As argued before, the structure of clusters and limited inter-cluster coordination mechanisms prevented an integrated approach by UNICEF. Each cluster would decide on a share of coverage for its members, not taking into account possible synergies and opportunities for the same agency in other sectors (see Figures 19 and 20 below on divergent coverage of UNICEF in one district).

⁴⁷ http://un.org.np/sites/default/files/20160303_cfp_january_2016.pdf

⁴⁸ Communication assessment, September 2015. mentioned by C4D, not provided

One apparent exception was that of CFS and TLCs. These were planned by the Education and Child Protection clusters to be delivered in sequence, and a Cluster guidance note was developed to this end. However, since UNICEF’s partners did not always implement both kinds of activities in the same areas, such Cluster level planning did not always translate into an integrated approach by UNICEF in the field. Psychosocial activities were also integrated into the education response by the Education Cluster. In this case, UNICEF partners were apparently able to provide both TLCs and psychosocial training and support for teachers and students in the same location. In the case of WASH/Health, the integrated response to the cholera outbreak deserves attention and lessons learned should be shared. The WASH contingency plan for cholera coupled with the health response when cases were reported helped curtail the possible outbreak.

While some of UNICEF’s larger partners managed to preserve their agency’s integration, this did not happen with UNICEF, showing that specific attention is needed to ensure that UNICEF programmes are integrated for the benefit of children. The following figures provide a visualization of the lack of a UNICEF integrated response. In the same district, Education and WASH implementation were disconnected geographically.

Figure 19: Coverage of UNICEF Education interventions

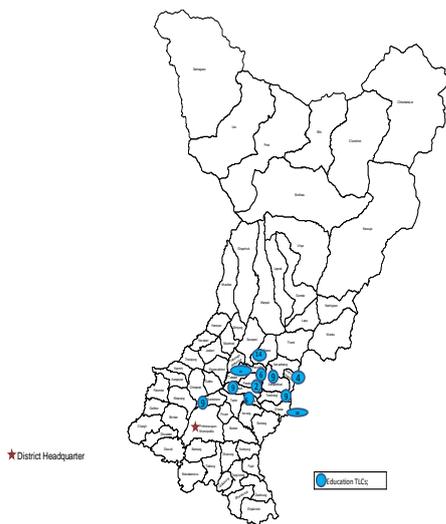
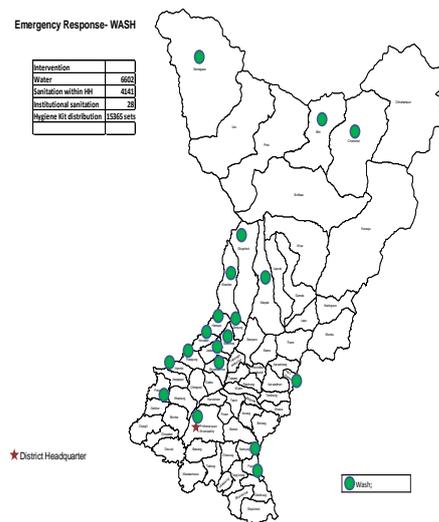


Figure 20: Coverage of UNICEF WASH interventions



3.6.4 Progress towards human rights

On the question about the contribution towards an enabling environment for human rights of women and children, some steps were taken to enhance government capacity but capacity is still a major challenge. This issue requires long term policy commitments. To attribute or simply assume contribution of an emergency response to outcomes is challenging. UNICEF established permanent working relationships with GoN human rights related institutions and this allowed for ensuring longer term approaches.

To significantly improve respect for child rights, there is a need to build awareness among the local community, VCPC on juvenile justice and on children’s rights, more female police, and increased active presence of the National Human Rights Commission. This would require political will, a full blown strategy, with adequate resources, and a specific work plan. The gap to be highlighted here, though, would be the lack of a proper transition plan where some of the activities and capacities put in place at district level could have been linked to more long term strategies.

The contribution of the Social Policy cash top up program should be highlighted. It was designed to support existing rights-based entitlements to income security and advocated for a permanently expanded system of social protection to provide economic security for children.

The evaluation also identified important protection outcomes, such as an increase in district authorities' awareness of child rights issues, as a result of the child protection activities and UNICEF CPOs' interaction with officials in the field.

Key findings: Effectiveness

- Targets as defined in the HPM included in the HAC have been largely achieved. HPM indicators provide, though, a limited understanding of the effectiveness of the response carried out.
- Nutrition deterioration and communicable diseases outbreaks have been prevented.
- The low achievement on SAM cases admitted is a consequence of the weak methodology for estimation of eventual cases requiring attention.
- The low achievement in sanitation was due to a lower number of the people staying in the IDP camps than what was planned. The planning was made on the assumption that 50 per cent of people would stay in camps, where in reality less than 10 per cent stayed.
- The education programme was effective in getting children back to school; various concerns have arisen about the quality of the facilities impacting children's ability to learn effectively.
- The data collection component of the family preservation programme was a first in terms of providing systematic information on vulnerable children and was important for strengthening child protection systems
- On the question about the contribution towards an enabling environment for human rights of women and children, some steps were taken to enhance government capacity but this remained a major challenge.
- The C4D section was able as well through the CwC working group to harmonize and coordinate the messaging of different partners and different sectors. This resulted in raising the profile of communication with communities to a specific area of activity, with its own funding and objectives. Effectiveness and coverage have been outstanding.
- Timeliness issues have affected the effectiveness of the programmes: TLCs are still being built, supplies still to be distributed, winterization delayed, etc.
- Concerns were identified over the quality of WASH implementation, specifically on purifying water.
- UNICEF programming, implementation and monitoring was not integrated across sections.

4. Conclusions and Recommendations

The earthquakes of April and May 2015 caused widespread destruction and affected one third of Nepal's population. Massive destruction of houses and disruption of basic services threatened the rights and dignity of many, particularly for the vulnerable, women and children.

UNICEF response

Immediately after the earthquake UNICEF NCO engaged in the response and received significant support from ROSA and HQ, in terms of technical, logistical and management support. The L2 corporate emergency declared the same day, was meant to facilitate procurement, partnership and recruitment procedures. Very active and functional internal coordination mechanisms were put in place, supporting decision making and contributing to supporting strong leadership. This was ensured primarily by the NCO management staff, with close engagement initially from the ROSA management team. The attitude and commitment of staff, even if affected by the earthquake, is to be commended.

Overall, the UNICEF response has been outstanding, characterized by a significant initial field presence (deployment of staff), and early mobilisation of supplies (prepositioned contingency supplies), funds and partners. UNICEF almost immediately articulated the response through an IRP, issued on 5 May and extending until the end of August 2015.

UNICEF fundraising for the emergency was highlighted as successful. UNICEF raised up to USD 116 million of the USD 120 million requested through the HAC, mobilised supplies valued at USD 48 million, supported enhancement of staff capacity for all sections (180 surge staff were made available, and NCO evolved from 160 staff in March 2015 to 242 in February 2016) and mobilised partners to carry out the activities, 124 PCAs valued at USD 25 million.

Most of the funding obtained was thematic, which means that expenditure is not tied to specific programmes or activities. This might offer an opportunity to develop substantial funding support to strengthen linkages between response, early recovery and development activities, given the significant unallocated funds remaining at the end of February 2016.

UNICEF faced some caveats to a broadly appropriate response in terms of partner capacity, supplies and procurement delays that in addition to the fuel crisis and the festival season led to a stagnation of the second phase of the response. The lack of an overarching inter-agency Recovery Plan from the HCT further affected this stagnation when the IASC cluster system was deactivated at the end of September 2015. Furthermore, the needs of some vulnerable groups, notably the disabled and elderly, were not clearly addressed across the board. Programme design was broadly equity and gender sensitive, but specific measures to assist these groups were not always implemented in practice.

Appropriateness

Notwithstanding the lack of a MIRA, UNICEF quickly articulated an IRP addressing needs set out in the Flash Appeal. The IRP was aligned with broader cluster planning and clearly used the CCCs as a framework. As such, the response aimed to ensure the government's compliance with international human rights norms, in particular those contained in the Convention of the Rights of the Child and Convention on the Elimination of all forms of Discrimination against Women.

The response was broadly appropriate, but weaknesses in terms of connectedness have been highlighted in the report as well as challenges in timeliness.

It has to be noted that the evaluation identified weak community participation in spite of strong tools for communication with communities being in place. The lack of a MIRA discouraged participation at the programme design stage and only in some specific programmes (notably education and child protection) were community-based programmes developed. The evaluation could find little awareness on accountability to the affected population and only sporadic presence of AAP tools. One solution could be the creation of beneficiary reference groups, in order to engage affected populations at the design, decision making and supervision level.

A need to reassess the emergency response became apparent over time. While schools had reopened, at the time of the evaluation team's visit, TLCs were still being built. Health services had resumed but provisional structures (tents) were still present in many locations and prefab structures had yet to arrive. One key reason for this was the weak planning framework for early recovery and transition; what was appropriate at the beginning should have been reviewed further down the line.

Effectiveness

The UNICEF response met most of the targets as established by the HPM indicators, with the exception of the number of cases of SAM treated (due to the debatable model for estimating the target), and the indicator related to access to sanitation, which achieved 49 per cent of the target of 840,000 people⁴⁹, which was established at the beginning and not modified along with the evolution of the intervention to provide mainly a household type of sanitation.

The HPM indicators, however, provide a limited understanding of the effectiveness of the response carried out; not all activities are reflected, and the indicators are rather output indicators and do not help to capture integrated outcomes.

UNICEF, in collaboration with other stakeholders, contributed to preventing the deterioration of access to health services for children and women and increases in malnutrition rates. Communicable disease outbreaks were prevented and coverage of measles immunization was outstanding. The CNW can be highlighted as an example of good practice to overcome system limitations and boost coverage. However, in order to improve the planning of the response on expected cases of GAM the methodology for estimating caseloads should be re-examined.

Particularly notable is the fact that a combined Health and WASH approach, including an early contingency plan, was able to limit and control the outbreak of cholera and bloody diarrhoea cases detected in early August.

UNICEF prompted the return to school for children of the communities affected; 179,300 children are back to school (342,900 through cluster partners) in TLCs, and school supplies were distributed to 682,800 children.

The UNICEF programmes were in line with international standards and based on the CCCs. The Child Protection programme had an appropriate focus in the early stages on child trafficking and GBV and psychosocial support; an emergency cash support component was also introduced under the family preservation programme. The evaluation captured an increase in Child Protection issues profiled at district and national level, an indirect positive outcome.

Efficiency

Resource mobilization was significant in terms of funds, supplies, staff and partners to implement activities. However, the timeliness of the response was variable across all sectors, affecting the delivery of supplies and the implementation of activities. The fuel crisis, procurement times, lack of experience with L2 procedures, logistics constraints, partners' weak capacity and the lack of a planning framework after August, all contributed to a slow response.

Coordination

The UN approach was inconsistent, and the absence of an inter-agency rapid assessment (MIRA) prevented a number of issues of relevance from being addressed, specifically related to a better characterisation of vulnerabilities, a more developed equity approach and ensuring community participation in the early stages. The weak UN leadership also contributed to the absence of a UN recovery framework.

⁴⁹ The initial target of 840,000 people was estimated for a ratio of beneficiaries per sanitation facility in IDP camps, while the ratio is different at community level. The indicator was not modified when most of the affected population returned to the communities, challenging apparently its achievement. Nonetheless, more sanitation facilities than planned have been provided.

UNICEF undoubtedly played a unique coordination role, given its knowledge of local institutions and the confidence and working relations established with line ministries before the earthquake. The roll out of the IASC cluster system was effectively taken on by UNICEF in its four clusters of responsibility. Programme staff and cluster leads collaborated closely in all sectors avoiding duplication of assessments, streamlining information management and reporting, which was a good practice.

The excellent array of cluster products that UNICEF co-leads managed to ensure is commendable. Cluster coordination staffing arrangements put in place varied between sections and the context specific approach ultimately proved adequate.

Connectedness

The evaluation finds as well that weak linkages between relief and early recovery were established for most fields of activity (Health, Nutrition, Education, Child Protection, and WASH), an issue that is related with the lack of a transition plan from the beginning and lack of clear policy guidance on early recovery and transition within the CCCs.

The difficulties in establishing this framework were the consequence of a number of complex factors: the weak UN leadership and associated UN post disaster planning frameworks, the institutional difficulties experienced by the adoption of the constitution in September 2015 and the associated political and social conflicts, a view of national authorities of an evolution from relief to reconstruction that sidelined a proper transition phase, and the delayed response to the affected population in terms of addressing the main needs, those being shelter and livelihoods. This lack of evolution or change of the needs, as proven by the CFP and the household survey, prevents the conceptualization of transition as needs remain the same.

While many schools have now reopened, TLCs are still being built and the design has not been adapted to the new requirements created by the delays in reconstruction plans. Health services have resumed but provisional structures (tents) are still present in many locations, while reconstruction or prefab structures are yet to arrive; access to MCH services is still challenging. On the other hand, what appears would be one of the most positive outcomes of the response is the Social Policy initiative to establish a permanent cash grant for children under five in Nepal.

The Child Protection emergency programme took a strong “systems-building” approach from the start. The family preservation programme in particular aimed to strengthen CCWB/CRO capacity on Child Protection case-management. The programme also effectively mobilized anti-trafficking activities by immigration authorities and police. UNICEF also directly funded the CCWB.

Integrated approach

The lack of an integrated approach in implementation is a salient gap identified, including both the integration of emergency response and early recovery activities and integration of section programme activities. A number of reasons explain the fact, but a significant one is that the inter-agency cluster approach discouraged UNICEF’s own sections’ integration.

This hindered efforts to ensure a holistic response for children in a way that all their needs could be addressed in an integrated manner. The absence of a clearly articulated approach to early recovery in the IRP, and the gap in UNICEF’s planning framework between late August when the IRP ended and early February 2016 was also a major factor affecting the integration of UNICEF’s response.

Nonetheless, the elements of an integrated UNICEF programme were present. Psycho-social support was linked to provision of TLCs, and C4D harmonised programme messaging and related

information. Activities that linked the emergency response to early recovery existed, notably aspects of institutional capacity building, activities to restore schools and health facilities, and cash programming to support self-sufficiency.

Integration is now likely to occur during the upcoming planning period, when discussions and agreements take place to frame the PCR 5 and also when the current CPAP is revised in 2018. The PCR5 should include the extension of some specific regular country programme activities to the 14 earthquake's most affected districts.

Coverage

The evaluation team could verify the limited coverage of activities and presence in the IDP camps visited. Those sites have been in some cases dismantled and in other cases the number of IDPs has decreased, but the total number of IDPs in camps is estimated to still be around 40,000, and in some cases new sites are still being identified. The evaluation identified gaps in the response on the needs of IDPs in camps and in areas of return. Following the deactivation of the IASC cluster system in December 2015, continued advocacy is needed by UNICEF with the government to guarantee the right to durable solutions for this particularly vulnerable group. IDPs will otherwise face a future of protracted displacement.

Disaggregated data has been found to be limited, which challenges the assessment of the coverage of the different vulnerabilities by the response. Certain programmes targeted the disabled, women and girls, and economically disadvantaged/vulnerable children. However, disaggregated data is not systematically available. In terms of coverage it is to be noted that challenges remain in remote mountain areas. The Social Policy cash grant is a successful example of effective coverage of the identified vulnerable groups.

The HPM indicators do not allow for assessing achievement of equity targets. In fact, disaggregated data is not reflected in the HPM. Neither do they help in understanding progress towards early recovery.

The household survey suggests significant differences in coverage and adequacy of the relief provided between the two districts surveyed. As the survey used a purposive sampling, not statistically representative, it is not possible to conclude that there was an overall difference in coverage; rather it appears that the level of destruction, much higher in Sindhupalchowk, could be related to the better perceptions and opinions over the services provided, given that respondents reported receiving higher levels of support in Sindhupalchowk. The survey seems to raise as well some concerns over the coverage of the needs of the elderly and disabled, and possibly that of other vulnerable groups (See Annex 3).

Good practice and innovation

UNICEF has developed interesting and innovative approaches to critical aspects of the humanitarian response. In particular the CwC working group, with the tools associated and the Social Policy top up cash grant approach should be highlighted. The Child Consultation was as well unique, and will eventually have relevance in the reconstruction process, and the CNW managed to boost coverage of nutrition related strategies in a cost effective way. These initiatives have provided innovative approaches to humanitarian response challenges.

The cash top up transfer is one of the examples of good practice. The evaluation highlights the efficiency gains that the approach offers but raises the need to improve flexibility, especially regarding inclusion of missed out (not registered) entitled beneficiaries. The continuation through a

blanket grant for under five children is a valid development approach, possibly to be followed by the GoN, and has undoubtedly targeting and efficiency advantages.

Communication with communities

The C4D section was able to raise the profile of communication with communities from a sort of service for different sections (messaging and communication on Health, Nutrition, Education, Child Protection, and Social Policy issues) to a specific area of activity, with its own funding and objectives. This has provided better means, flexibility and adaptive programming to the emergency situation and to the challenges of communication. The tension between sectoral initiatives aimed at community mobilization and an integrated C4D strategy remain, but the experience of Nepal can provide guidance on how to better integrate under one common umbrella C4D related activities and communication in emergencies.

The CwC working group has been able to share experiences, to promote joint and innovative mechanisms for feedback and to channel information on the perception and opinions of the affected population to the system as a whole. The CFP, providing periodic perception surveys on the adequacy of the response, the perceived gaps, etc., has been instrumental in providing bottom up information on the challenges of the response. It should be noted, though, that there is still a disconnect between those innovative tools and the influence they could have in adaptive programming and monitoring of the response.

This new framework meant a change in the way communication is understood by the humanitarian system. The challenge remains as to how to integrate this CwC in the programming and response cycle. While the CwC working group has been anchored at HC level, its influence in clusters has not been measured and appropriate mechanisms of reporting or sharing have not been developed. The same applies to the still weak AAP mechanisms that were put in place.

Moving forward

The evaluation concludes that there was no theory of change underpinning UNICEF's response. This undoubtedly contributed to the lack of an integration of early recovery activities into the response from the beginning and a gap in planning from late August until February 2016. Given UNICEF's highly successful fundraising and the fact that most of the funding obtained was thematic, and so untied, this was a lost opportunity to define an integrated UNICEF approach with clear and substantial objectives and strong links between relief, recovery and development.

Different sections attempted this in different ways, but overall UNICEF was not able to develop a clear vision. Nonetheless, Child Protection sought to institutionalise effective means of protecting children of violence and abuse. The emphasis of Nutrition was putting in place "building blocks" to prevent chronic malnutrition and address micronutrient deficiency will likely lead to a permanent improvement in nutrition baseline conditions. Education aimed to ensure children had access to quality education. For the WASH section, the aim was to ensure affected districts would all become ODF. There is the potential of building from lessons in communication with communities in order to establish permanent communication links through radio programmes or other activities with groups of interest, like marginalised ethnicities, adolescents, women, etc. The most significant vision of change was formulated by Social Policy, in designing the cash transfers schemes as a means to establish a permanent social protection net in the form of periodic cash transfers for vulnerable children.

This absence of a theory of change can and should be addressed in current programmes. The above elements (and potentially additional ones) could be integrated by the different sections through an internal exercise and become the backbone of the ongoing process for programming transition, the

new PCR 5 work plan to be agreed upon with the GoN, and the development of the new CPAP 2018-2022 for Nepal.

4.1 Recommendations

The findings and conclusions as elaborated above provide the basis for the following recommendations. The proposed recommendations have been validated during a session at NCO premises in Kathmandu and adapted in order to make them actionable and coherent with the upcoming planning cycles.

Recommendation 1: Strengthen preparedness measures

<i>Specific recommendation: activity</i>	<i>Stakeholder</i>	<i>Action</i>	<i>Timeframe</i>
Identify internal training needs and conduct regular training on cluster and UNICEF contingency plans, L2/L3 procedures and the CCCs for non-emergency staff in the NCO and ROSA.	NCO, ROSA	Emergency ROSA	Short
Formulate a theory of change for future response including the transition from relief to early recovery and reconstruction. Ensure it provides a basis for the identification of disaggregated indicators and targets and an integrated UNICEF response.	NCO	NCO management	Short
Continue to regularly maintain and update UNICEF contingency plans using the “Early Warning Early Action” platform.	NCO, UNCT	Emergency, Operations sections NCO	Short
Develop and test the Organisational Resilience Management System.	NCO	NCO management	Short
Work with the RC, UNCT, cluster partners and national authorities to ensure the implementation of the IASC Emergency Response Planning approach.	NCO, ROSA, UNCT	Emergency section	Medium
Map and support capacity building initiatives for local partners with the aim of creating a core group of partners per section in prioritised districts.	NCO, Partners	NCO sections	Medium
Ensure DRR is adequately addressed in CPAP planning.	NCO, partners, GoN	NCO sections	Short
Put in place preparedness measures for a Rapid Assessment, including SOPs, and define scenarios in which UNICEF would support a MIRA.	NCO, UNCT, GoN	NCO	Short
Develop evaluation plans including provisions for a Real Time Evaluation by weeks 8 to 10 and section-specific evaluations based on scale of response.	NCO, ROSA	NCO M&E	Medium

Recommendation 2: Increase community participation in programme design and implementation

<i>Specific recommendation: activity</i>	<i>Stakeholder</i>	<i>Action</i>	<i>Timeframe</i>
Create beneficiary reference groups to engage affected populations in the design and implementation of programmes.	Affected populations, NCO sections	NCO C4D	Medium
Strengthen partnerships with local NGOs that have strong knowledge of local communities and an established presence on the ground. Integrate these requirements into partner monitoring systems.	NGOs, NCO sections	NCO PCA manager	Medium

Recommendation 3: Strengthen data collection, monitoring and evaluation

<i>Specific recommendation: activity</i>	<i>Stakeholders</i>	<i>Action</i>	<i>Timeframe</i>
Clearly define with partners on which population groups categories of data will be collected.	NCO sections, M&E, partners	NCO sections	Medium
Ensure adequate UNICEF resources are in place for consolidated analysis and reporting of programme data in emergencies.	NCO M&E	NCO M&E	Medium
Identify an LTA partner for implementation of third party monitoring.	NCO M&E partners	NCO M&E	Medium
Establish a mechanism to ensure timely incorporation of third party monitoring reports into the programme cycle.	NCO M&E	NCO M&E	Medium
Undertake a review of the adequacy of HPM indicators.	HQ, NCO	HQ	Short

Recommendation 4: Ensure adequate planning processes and frameworks in case of emergencies

<i>Specific recommendation: activity</i>	<i>Stakeholders</i>	<i>Action</i>	<i>Timeframe</i>
Strengthen corporate guidance on early recovery and resilience, including through a revision of the CCCs.	HQ, ROSA, NCO	HQ	Medium
Adapt the IRP guidance and template to ensure integration of early recovery actions.	ROSA, NCO	NCO management	Short
Define an integrated transition plan encompassing emergency response and early recovery activities that bridges with the CPAP and promotes opportunities for integrated sectoral programming.	NCO	NCO management	Short

Recommendation 5: Improve timeliness of overall emergency response

<i>Specific recommendation: activity</i>	<i>Stakeholder</i>	<i>Action</i>	<i>Timeframe</i>
Establish a task force to identify bottle-necks and factors limiting timeliness in procurement, supplies, human resources and logistics.	NGOs, GoN, NCO, HQ	NCO Ops, ROSA, HQ	Short
Assess additional opportunities for cash-based programmes to expedite procurement.	NCO	NCO sections	Medium
Identify strategic warehousing opportunities for emergency response.	NCO, partners, GoN	NCO operations	Medium

4.2 Lessons learned

A number of lessons can be highlighted from the response to the Gorkha earthquake.

- *Post-disaster initial reaction: importance of having contingency plans, to update them periodically and to ensure proportionate quantity of prepositioned supplies.*
- *Real Time Evaluation: this was not carried out and could have had a significant value addressing gaps in early recovery and transition programming identified between September 2015 and January 2016.*
- *Initial needs assessment: the decision not to carry out a MIRA is a lesson to be retained; there is need to ensure that adapted and context specific mechanisms for initial needs assessment are available and operational.*
- *Disaggregated data collection: key to understanding coverage of vulnerable groups; systematic data collection by partners and centralised analysis key to success.*

- *Early recovery and transition: Planning frameworks reflecting early recovery and transition should be put in place from the beginning of the response and closely integrate different sections' activities.*
- *Cash transfers: high added value and efficiency of using established systems to provide cash support to vulnerable groups.*
- *Cluster coordination: context specific coordination arrangements were key to ensure successful functioning of clusters.*
- *CNW: Proved very useful to overcome coverage limitations. To build on the experience for future crisis, and to consider establishing a CNW yearly during the lean season.*
- *CwC working group: this proved a critical initiative, as it facilitated coordinated communication and messaging; lessons were driven from processes with agencies, partners and GoN. Should be institutionalised ensuring integration of community participation into programming and AAP.*
- *Cholera prevention and response: lessons from an integrated health and wash preparedness and the success of the integrated response including C4D to control extension of the outbreak.*
- *Education: strong participation of local communities and teachers in TLC implementation and the provision of training and psychosocial support were key to programme effectiveness. This should be retained for future emergencies.*