



## **Final Evaluation Report: Annexes**

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

**(25 April 2015 – 31 January 2016)**

**DARA Evaluation Team  
June 2016**

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## **Annex 1: Terms of reference of the evaluation**

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

## Terms of Reference

### 1. INTERVENTION BACKGROUND

On 25 April 2015, a powerful 7.8-magnitude earthquake (now termed the 'Gorkha Earthquake') struck Nepal, with its epicentre in the Gorkha district and 85 km northwest of the capital Kathmandu. Fourteen out of 75 districts of the country were severely affected with an estimated affected population of 2.8 million (40 per cent are estimated to be children). The Ministry of Home Affairs reported 8,898 people were killed in Nepal – out of which 30 per cent or 2,661 were children – and another 22,309 injured. The earthquake has led to a massive destruction of houses, buildings and other public infrastructure such as hospitals, health centres and schools. Over the past 3 months, more than 300 aftershocks have occurred, causing severe fractures on mountain slopes and weakening rock masses in the most affected districts.

The most pressing needs include: shelter; food; access to safe drinking water and sanitation; health and nutritional services; education services; protection services, psychosocial assistance and access to critical lifesaving messages and information services. Women and girls have become vulnerable to gender based violence due to temporary living arrangements. Children have been at increased risk of trafficking and exploitation, while the risk factors that are known to lead to child marriage (e.g. worsened poverty, security concerns for daughters, lack of educational opportunities, etc.) have increased.<sup>1</sup> The most disadvantaged social groups have suffered the greatest damage and loss.<sup>2</sup> These groups, including Dalit children, children with disabilities and women headed households have therefore become particularly vulnerable to the risks described above.

UNICEF response is based on the guiding principles laid down in its [Core Commitments for Children in Humanitarian Action](#). Following the earthquake, UNICEF Nepal drafted an Integrated Response Plan (IRP) led by these principles covering the first three months of the emergency. This informed the UNICEF component (initially \$51.1 million)<sup>3</sup> of the Inter-Agency Flash Appeal totalling \$423 million that was launched on 8 May 2015 for a three-month emergency response to the earthquake.<sup>4</sup> The Integrated Response Plan (IRP) further provided the Humanitarian Performance Indicators and targets by sector (see Annex 2). Subsequently, the Humanitarian Action for Children (HAC), a UNICEF specific fundraising appeal document that was based on the IRP, was drafted outlining the humanitarian situation, response, targets and funding requirements of \$120 million covering the period to the end of December 2015.<sup>5</sup>

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<sup>1</sup> National Planning Commission, *Nepal Earthquake 2015: A Post Disaster Needs Assessment, Vol. A Key Findings*, Kathmandu: Government of Nepal, 2015.

<sup>2</sup> Ibid.

<sup>3</sup> The appeal was subsequently revised on 2 June, extending the response up to 30 September 2015. Out of the \$422 million requested in the revised appeal, UNICEF requested \$62.5 million to cover immediate needs until the end of September.

<sup>4</sup> UNICEF, *Nepal Earthquake Humanitarian Situation Report, Three Months Review*, 25 July 2015: <http://unicef.org.np/uploads/files/597627587372047296-unicef-3-months-sitrep-25july2015-interactive.pdf>

<sup>5</sup> UNICEF, *Humanitarian Action for Children Appeal Nepal*, 8 June 2015, <http://www.unicef.org/appeals/nepal.html>

UNICEF Strategic Priorities for the response are consistent with inter-agency priorities outlined in the 29 April Flash Appeal<sup>6</sup> and include the following:

- Increase in mortality and morbidity and outbreaks of communicable diseases are prevented through immediate access to basic water, sanitation, hygiene, and health services (WASH and Health sections);
- Immediate food needs of earthquake affected populations in worst-affected districts are met and nutritional status of the most vulnerable populations is prevented from deteriorating (Nutrition section)
- Strengthened protection of the most vulnerable populations, especially children and women, from violence and gender-based violence (Child Protection and Education sections).

UNICEF is co-leading the WASH, Education, Protection, Child Protection and Nutrition Clusters with the relevant Government line ministries and is an active member of the Health Cluster. Further, UNICEF leads and coordinates the Communicating with Affected Communities (CWC) working group.

In the last three months, UNICEF has worked with its partners to distribute vital supplies to benefit children and their families in the 14 most severely affected districts.<sup>7</sup> These include tents, hygiene kits, water purification solutions, therapeutic foods, medical kits, bed nets, materials for information, education and communication, school-in-a-box and recreational and early childhood development kits.

As of mid-July, the total value of UNICEF supplies distributed amounts to \$ 5.3 million while \$ 17.4 million worth of supplies have been ordered. Some 106,100 children have been able to continue education in the UNICEF-supported temporary learning centres (TLCs). Over 400,000 children were reached with diarrhoeal kits to prevent and treat potentially deadly disease like cholera. Safe water has also been made available to 655,910 people in homes and camp settings. Micronutrient powders and Vitamin A capsules were provided to about 310,000 children to prevent malnutrition during this critical juncture, improve their diets and prevent nutritional deficiencies. Over 2,000 teachers were trained on psychosocial support, and close to 90,000 children living in the severely affected districts received community based psychosocial support.

Thanks to the combined effort of the Nepal Police, NGOs and other partners, 513 children and women at risk of being trafficked were intercepted. UNICEF and its partners provided 229 Child Friendly Spaces for 28,387 children to have safe places to stay, play and learn. To support the most vulnerable and marginalized groups such as *Dalit* children, people with disabilities and women-headed households, UNICEF started to support an innovative 'emergency top-up' cash transfer programme to benefit 400,000 vulnerable individuals and their families in 19 earthquake-affected districts.<sup>8 9</sup>

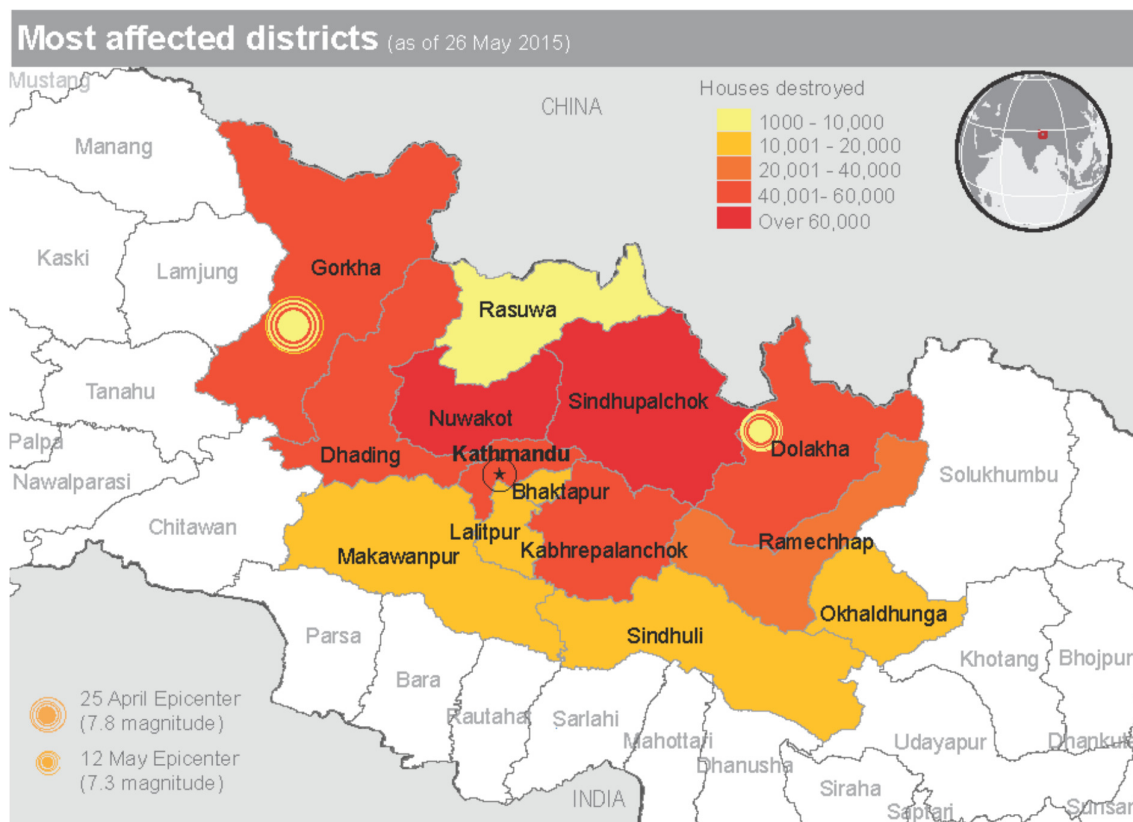
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<sup>6</sup> United Nations Office for the Coordination of Humanitarian Affairs (OCHA), *Nepal Flash Appeal for Response to the Nepal Earthquake April – July 2015*, 29 April 2015, <https://www.humanitarianresponse.info/en/programme-cycle/space/document/flash-appeal-nepal>.

<sup>7</sup> Sindhupalchowk, Kathmandu, Nuwakot, Dhading, Bhaktapur, Lalitpur, Gorkha, Rasuwa, Kavrepalanchowk, Dolakha, Sindhuli, Ramechhap, Makawanpur, Okhaldhunga.

<sup>8</sup> Sindhupalchowk, Kathmandu, Nuwakot, Dhading, Bhaktapur, Lalitpur, Gorkha, Rasuwa, Kavrepalanchowk, Dolakha, Sindhuli, Ramechhap, Makawanpur, Okhaldhunga, Chitwan, Khotang, Lamjung, Solukhumbu and Tanahu.

UNICEF is also working to ensure monsoon preparedness for 45,000 households in the Terai and West and Far Western Region and winterization efforts for earthquake-affected populations as part of its early recovery efforts. UNICEF field presence continues to be augmented with the establishment of five new sub-offices in Gorkha, Nuwakot, Kathmandu, Sindupalchowk and Dolakha districts.<sup>10</sup>



Source: MoHA website figures as of 26 May 2015

The Evaluation will contribute to UNICEF Nepal’s Programme Component Results (PCR) 5 on Emergency Response.

## 2. PURPOSE

The purpose of this evaluation is to strengthen UNICEF’s ongoing response as well as recovery and reconstruction efforts to the Gorkha Earthquake and learn lessons for application in future emergencies, where appropriate. Additionally, the evaluation is intended to strengthen accountability and transparency to UNICEF’s partners and donors.

### Audience

There are three main expected audience groups for this evaluation. Firstly, UNICEF staff who are directly or indirectly involved in this emergency – including those at the field, national, regional and headquarters levels – who will use the results of this evaluation to fine-tune and calibrate UNICEF’s humanitarian efforts. Secondly, the evaluation will also benefit UNICEF staff faced with similar emergencies in the future who may choose to use this evaluation as a

<sup>9</sup> UNICEF, *Nepal Earthquake Humanitarian Situation Report, Three Months Review*, 25 July 2015: <http://unicef.org.np/uploads/files/597627587372047296-unicef-3-months-sitrep-25july2015-interactive.pdf>

<sup>10</sup> Ibid.

reference document and use the results to inform their own strategies. Finally, this evaluation will be shared with UNICEF donors as a mechanism to strengthen accountability and transparency.

## Timeline

The evaluation is scheduled to provide critical feedback and potential course-corrections measures to UNICEF's transitioning from response to recovery efforts. Data collection is planned to take place in the recovery phase, although sectors may be at different stages in transitioning from response and recovery at that stage.

### 3. OBJECTIVES

The evaluation will be formative in nature with the primary aim of strengthening UNICEF's ongoing response to the Gorkha earthquake and its linkages with broader recovery and reconstruction efforts. The specific objectives will be to:

- Identify lessons and develop recommendations on transitioning from UNICEF's response into recovery and reconstruction efforts (where applicable) and how to prioritise the focus areas while moving forward;
- Facilitate learning and strengthen UNICEF Nepal's accountability and transparency towards partners and donors.

### 4. SCOPE

The evaluation will cover the timeframe of UNICEF's response from 25 April 2015 to 11 March 2016. The geographic scope of the evaluation will be UNICEF's programmatic efforts in a sample of the 14 most severely affected districts, i.e. Sindhupalchowk, Kathmandu, Nuwakot, Dhading, Bhaktapur, Lalitpur, Gorkha, Rasuwa, Kavhrepalanchowk, Dolakha, Sindhuli, Ramechhap, Makawanpur and Okhaldhunga. The evaluation scope will not include UNICEF's role as a cluster lead agency.

The institutional scope of the evaluation will be the UNICEF response, at the level of the Country Office as well as support received from regional and global levels. However, this needs to be set within the wider framework of UNICEF's collaboration with partner organisations, governments and agencies involved.

UNICEF's Core Commitments for Children in Humanitarian Action will be at the centre of this evaluation. The evaluation will further focus on Humanitarian Performance Monitoring indicators (see Annex 2) derived from the CCCs. These two structures will provide an implicit logical framework of UNICEF's emergency response.

The evaluation will focus on UNICEF's overall response based on the OECD/DAC criteria<sup>11</sup> as well as other criteria specific to the evaluation of humanitarian action – appropriateness, connectedness, sustainability, coordination, coverage, efficiency and effectiveness<sup>12</sup>, with a focus on assessing the extent to which UNICEF's emergency response and recovery efforts have contributed toward improving institutional capacities, systems, services and the

<sup>11</sup> Organisation for Economic Cooperation, Development Assistance Committee:

<http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

<sup>12</sup> Tony Beck, *Evaluating Humanitarian Action Using OECD/DAC criteria: An ALNAP Guide for Humanitarian Agencies*, London: Overseas Development Institute, 2006.

wellbeing and rights of children in Nepal. The evaluation will not evaluate ‘impact’ – neither in the OECD-DAC<sup>13</sup> definition, nor in the sense of ‘attributable’ change. Nevertheless, where possible, the evaluation will seek to assess the effectiveness of UNICEF’s response in achieving planned results.

The evaluation will include equity dimensions concerning the needs of men, women, adolescents, children, socially excluded groups, the elderly, the abled, the disabled, the comfortable, the very poor and those living in geographically remote areas.

## 5. LIMITATIONS AND EVALUABILITY

There are five main challenges to this evaluation. First, considering the real-time and emergency contexts of this evaluation, it will be a challenge for the evaluation team to employ experimental or quasi-experimental evaluation design and generate rigorous direct (as opposed to circumstantial) evidence to establish the effectiveness of UNICEF’s response and recovery efforts.

Second, limited baseline data from rapid cluster assessments, the post disaster needs assessment and other analytical documentation pose additional challenges to the evaluation, especially vis-à-vis measuring UNICEF outcome level results and HPM indicators. Disaggregated data is available from the rapid assessments for some but not all sectors. The quality and reliability of the rapid assessments is variable per cluster.

Nepal’s rugged and mountainous topography will prove to be a challenge for the evaluation team in collecting relevant data from the field in a timely basis, especially in the current context where the Gorkha Earthquake has damaged roads, trails and other key infrastructure in the severely affected districts. Accessibility of affected areas is further decreased due to remoteness and seasonal changes, such as the monsoon, snowfall and landslides. The evaluation team will need to consider accessibility as a key consideration in the sampling strategy.

Finally, availability and the willingness of the affected population to participate could be a constraining factor in the evaluation that will need to be considered by the evaluation team. The timing of data collection needs to take into account factors affecting participation of the affected population in their data collection strategy, including cultural festivals, migration, assessment fatigue, etc.

## 6. QUESTIONS

The questions below are based on the OECD/DAC criteria<sup>14</sup> as well as other criteria specific to the evaluation of humanitarian action.

**Appropriateness:** *Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly.*

- To what extent have UNICEF’s activities met its programme targets and results as specified in the HAC and CCCs (disaggregated by sex, age, socioeconomic status, ethnicity and ability)?

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<sup>14</sup> Organisation for Economic Cooperation, Development Assistance Committee:  
<http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

- To what extent have UNICEF's activities been aligned with the Government of Nepal as well as cluster and other donor priorities in response to the earthquake?
- What, if any, changes does UNICEF need to make so that its response and recovery efforts are more appropriate and relevant?

**Connectedness and sustainability:** *Connectedness refers to the need to ensure that activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account. Sustainability refers to the idea that interventions should support longer-term goals, and eventually be managed without donor input.*

- What types of longer-term development issues are most affected by the response and recovery efforts and to what extent have these been addressed in UNICEF's response?
- How have UNICEF's activities contributed to strengthening Nepal's capacity to face further humanitarian emergencies with limited donor input?
- What, if any, changes could make the response and recovery efforts fit better with longer-term needs (disaggregated by sex, age, socioeconomic status, ethnicity and ability)?

**Coordination:** *Coordination refers to the systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner. Such instruments include strategic planning, gathering data and managing information, mobilising resources and ensuring accountability, orchestrating a functional division of labour, negotiating and maintaining a serviceable framework with host political authorities and providing leadership.*

- How successful has UNICEF's coordination been with its cluster partners in progressing towards the benchmarks specified in the Core Commitments for Children?
- What, if any, changes could UNICEF make to improve coordination of the overall response and recovery efforts?

**Coverage:** *Coverage is the need to reach major population groups facing life-threatening suffering, wherever they are.*

- To what extent has the affected population - including women, adolescents, children, socially marginalized and excluded groups been properly targeted and reached by UNICEF?
  - i. What is the humanitarian, political and UNICEF context relevant to coverage, including number of affected population in need (disaggregated by sex, age, socioeconomic status, ethnicity and ability) and provision of resources from external sources;
  - ii. Overall funds provided for affected population;
  - iii. Existing standards of coverage for Nepal;
  - iv. Level of assistance provided by UNICEF to affected population;
  - v. Assessment of coverage disaggregated by sex, age, socioeconomic status, ethnicity, age and ability.
- What, if any, changes could UNICEF make to its response and recovery efforts to improve the coverage of the UNICEF-led clusters?

**Efficiency:** *Efficiency measures the outputs – qualitative and quantitative – achieved as a result of inputs. This generally requires comparing alternative approaches to achieving an output, to see whether the most efficient approach has been used.*

- How timely have UNICEF’s response and recovery efforts been to the changing needs of the affected population (disaggregated by sex, age, socioeconomic status, ethnicity and ability)?
- What, if any, changes do we need to make to the response to make it more efficient?

**Effectiveness:** *Effectiveness measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs.*

- Considering the UNICEF response, its fitness for purpose, its scale in relation to UNICEF’s capacity, the level of delivery against plans, and the targeting of disadvantaged groups, what, if any, changes could UNICEF make to its response and recovery efforts to make them more effective?

## 7. METHODOLOGY

The evaluation team will rely on mixed-methods and triangulate data (both primary and secondary) obtained. It is expected that the team will use the following methods:

- Field observations
- Key informant interviews
- Focus group discussions
- Quantitative surveys
- Documentary research
- Triangulation

Considering the scope of the evaluation, with an interim and a final report, opportunities for employing a quasi-experimental design and a quantitative assessment of key indicators (baseline/end line data where available) should be taken into account where possible. Also, the data collected should be disaggregated by sex, age, socioeconomic status, female-headed households, ethnicity and ability, etc. where relevant and focus on both the implementers (including local authorities, service providers and implementing partners) as well as the affected populations themselves.

### Sampling

In collaboration with UNICEF, the evaluators will draw a representative sample of a select number of districts based on the level of UNICEF inputs<sup>15</sup>. The sample strategy should consider relevant indicators, including socio-economic composition and ethnicity of the affected population, geographical location, accessibility and remoteness, etc.

### Data Sources

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<sup>15</sup> Mapping of UNICEF inputs will be shared with the consultancy agency.

As indicated previously, the availability of baseline data poses challenges to the evaluation, especially vis-à-vis measuring outcome level results. The National Emergency Operation Centre (NEOC) at the Ministry of Home Affairs have provided regularly updated disaggregated information, e.g. on affected population, the number of deaths, level of destruction and loss. Another source of baseline data would be the rapid assessments conducted by government line ministries and partners in certain sectors during the initial stages of the response efforts, although the reliability, the information relevant to UNICEF on key indicators and disaggregated data is limited. Nepal Food Security Monitoring System (NeKSAP)<sup>16</sup> rapid assessment include baseline data on relevant indicators, including access to water sources, sanitation and access to health care. Moreover, there are indicators, targets and output data available through UNICEF's Humanitarian Performance Monitoring (HPM) in the Humanitarian Action for Children (HAC) appeal for Nepal.<sup>17</sup> Additionally, information on (cluster and) UNICEF activities, partners, locations of implementation and timelines are available in the 3w/4w section of humanitarianresponse.info. A Post Disaster Needs Assessment (PDNA) was conducted led by the National Planning Commission ensuring sector to sector comparability and homogeneity in the definition of basic concepts of damages, losses and post-disaster recovery needs, while building on the initial rapid sector damage assessments undertaken by central and local governments and the clusters established by the government with support from development partners.<sup>18</sup>

The evaluation will also take stock of and incorporate learnings from the UNICEF internal After Action Review (AAR) of the emergency response, which was conducted on the 26 May 2015 (just over 4 weeks into the response) with participants from the Country Management Team, Emergency Unit, District Emergency Coordinators and the Regional Office for South Asia (ROSA). In preparation for the AAR, an online Wiki was also established one week prior to the review. The purpose of the Wiki was to allow all country office and regional office staff to anonymously provide their comments and feedback on what was working well, what did not work well and where the challenges remain. The Wiki proved very successful with over 230 entries made by staff.

Additionally, secondary data sources such as NMICS 2014, 2011 census, NLSS 2010/11 and NDHS 2011 as well as sector specific information stemming from management information systems (e.g. EMIS, HMIS) could be used as baseline data sources for selected indicators. Disaggregated data would be available from most of these data sources.

## 8. NORMS AND STANDARDS

The evaluator/team should adhere to UN and UNICEF ethical and evaluation norms and standards:

- [United Nations Evaluation Group \(UNEG\) Standards for Evaluation in the UN System, 2005](#)
- [United Nations Evaluation Group \(UNEG\) Norms for Evaluation in the UN System, 2005](#) (including impartiality, independence, quality, transparency, consultative process)

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<sup>16</sup> Nepal Food Security Monitoring System (NeKSAP), *Nepal Earthquake 2015, Key Findings and Maps*, 8 May 2015, Release 3, Kathmandu: WFP, 2015.

<sup>17</sup> <http://www.unicef.org/appeals/nepal.html>

<sup>18</sup> National Planning Commission, *Nepal Earthquake 2015: A Post Disaster Needs Assessment, Vol. A Key Findings*, Kathmandu: Government of Nepal, 2015.

- [Ethical Guidelines for UN Evaluations](#) and the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis<sup>19</sup> will guide the overall process.
- [UNICEF adapted evaluation report standards](#)
- The evaluation should incorporate the human rights-based and gender perspective and be based on Results Based Management principles and logical framework analysis.

## Ethical considerations

Considering the vulnerability of the affected population, ethical considerations are of the utmost importance. Apart from usual ethical considerations, e.g. on harms and benefits, informed consent and payment and compensation, considerations specific to the post-earthquake situation will need to be anticipated. This may include potential anger and assessment fatigue of the affected population, vulnerable groups, including children as well as in dealing with sensitive indicators on GBV, trafficking, etc. The evaluators will need to outline any ethical considerations in the inception report.

## 9. MANAGEMENT ARRANGEMENTS

### Oversight

Nepal Country Office will manage the evaluation, in close collaboration with ROSA and UNICEF Headquarters. An Evaluation Manager from Nepal Country Office will provide day-to-day management and facilitation of the evaluation process in-country, including day-to-day oversight of the evaluation team, with technical assistance from the Regional Evaluation Adviser for South Asia.

### Management

The evaluation team will be answerable to the UNICEF Evaluation Manager. Subject to availability of funding, the Evaluation Manager may be a consultant who has a coordination role. The team will decide its own fieldwork programme in consultation with the Evaluation Manager and relevant Country Office staff and stakeholders. It will inform the Evaluation Manager of any problems arising. The team will also immediately inform the Evaluation Manager of any issues regarding the integrity or effectiveness of UNICEF's response encountered during the evaluation research.

### Quality Assurance

A Reference Group of immediate stakeholders at the country level will be established to ensure quality assurance. The Reference Group will include Programme Section Chiefs, UNICEF's cluster partners and beneficiary representative groups, such as government and non-governmental cluster partners, particularly the Ministry of Education, Ministry of Home Affairs, Ministry of Urban Development, Ministry of Federal Affairs and Local Development and Nepal Risk Reduction Consortium. The Reference Group will assess the quality of key evaluation products, including methodology and evaluation instruments, inception and final reports, particularly aimed at assessing these in the national context of post-disaster Nepal. A ToR outlining the roles and responsibilities of the Reference Group will be developed separately. All evaluation products will also be submitted for external quality review.

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<sup>19</sup> UNICEF procedure for ethical standards in research, evaluation, data collection and analysis, 1 April 2015, CF/PD/DRP/2015-001, available from UNICEF

## Participation

UNICEF partners will be kept informed of the evaluation progress on a regular basis. They will be invited to the workshops and consulted on the evaluation outputs.

### 10. OUTPUTS AND TIMELINE

The evaluation team will generate the following outputs that will be reviewed by the Reference Group before wider dissemination. The outputs are:

- An **Inception Report** should follow the report structure provided in Annex 3. The report should be in conformity with UNEG standards for inception reports.<sup>20</sup>
- **Emerging Findings Workshop** that will be used to validate the findings of the evaluation and address any immediate concerns related to the evaluation. The key target audience of these workshops will be UNICEF staff – at the relevant country, sub-national and regional offices, as well as the headquarters – involved in the response efforts and well-positioned to use the evaluation findings to fine-tune and calibrate UNICEF’s response relatively quickly.
- **Stakeholders Workshop** that will be used to share findings on what is working well, what is working less well and potential improvement and course-correction measures. The key target audience of these workshops will be the broader network of stakeholders, including donors, involved in UNICEF’s response efforts.
- A **Final Evaluation Report** should follow the report structure provided in Annex 4. The report should be in conformity with UNEG standards for inception reports.<sup>21</sup>

**Table 1: Tentative Timeline**

Steps	End Date	Number of Weeks
Draft and advertise ToR	16 September 2015	
Select evaluation team	11 December 2015	
Inception phase	4 – 22 January 2016	3
Delivery of draft inception report	29 January 2016	1
Submit comments on draft inception report	5 February 2016	1
Submit final inception report	12 February 2016	1
Tools testing and data collection phase	11 March 2016	4
Prepare for emerging findings workshop	18 March 2016	1
Organize emerging findings workshop	25 March 2016	1
Delivery of first draft of final report	8 April 2016	2
Submit 1st round of comments on draft final report	22 April 2016	2
Delivery of second draft of final report	29 April 2016	1
Submit 2nd round of comments on draft final report	6 May 2016	1
Submit final report	20 May 2016	2
Prepare for stakeholders workshop	27 May 2016	1
Organize stakeholders workshop	3 June 2016	1

<sup>20</sup> <http://www.uneval.org/document/detail/608>,

[http://www.unicef.org/evaldatabase/files/UNEG\\_UNICEF\\_Eval\\_Report\\_Standards.pdf](http://www.unicef.org/evaldatabase/files/UNEG_UNICEF_Eval_Report_Standards.pdf)

<sup>21</sup> <http://www.uneval.org/document/detail/608>,

[http://www.unicef.org/evaldatabase/files/UNEG\\_UNICEF\\_Eval\\_Report\\_Standards.pdf](http://www.unicef.org/evaldatabase/files/UNEG_UNICEF_Eval_Report_Standards.pdf)

## 12. EVALUATION TEAM

The agency should comprise of a strong gender balanced team of researchers, technical experts and statisticians with expertise in quantitative and qualitative methods of data collection, comprising at minimum of 4 persons with the following qualifications:

- Senior team leader with a Master’s degree in social sciences or other relevant field with at least 15 years mixed-methods evaluation experience in humanitarian approaches and programmes in the UN context;
- Senior consultant familiar with UNICEF emergency operations, a Master’s degree and at least 15 years in child/human rights and gender equality issues;
- National consultant with a Master’s degree in social sciences or other relevant field with at least 10 years of experience in leading data collection through participatory methods and techniques to promote consultations with affected populations, and
- Analyst capable of undertaking back-office analysis (e.g., desk review, analysis of timeline data, analysis of funding resources, etc.).

The team leader will be responsible for managing and leading the evaluation team, undertaking the data collection and analysis, as well as report drafting and dissemination. The other team members will be responsible for carrying out data collection, analysis, and drafting elements of the report.

During the inception phase, the team will propose an “Evaluation design” that includes appropriate sampling to deliver on the objectives of the evaluation with rigor at reasonable cost.

## Annex 2: List of persons interviewed, sites visited and team field schedule

### Group Discussions:

	Group description/ participants	Location	Primary topics of discussion	Gender
1	Partners meeting: <ul style="list-style-type: none"> <li>• NCRS, Wash Coordinator (male)</li> <li>• IOM, DTM Assistant (female)</li> <li>• TPO Nepal, Psychosocial Counselor (female)</li> <li>• TPO Nepal, District Focal Point (male)</li> <li>• World Vision, District Education Coordinatorvv(male)</li> </ul>	Choutara, Sindhupalchowk (discussion held at UNICEF Field Office)	<ul style="list-style-type: none"> <li>• Activities implemented with UNICEF funding</li> <li>• Things that worked well/ not so well</li> <li>• Challenges in implementation</li> <li>• Gaps in the response</li> <li>• Coordination and communication</li> </ul>	3 females 2 males
2	Group of 8 women	Sangachok VDC, Sindhupalchowk (discussion held in Shree Ram Devi Secondary School)	<ul style="list-style-type: none"> <li>• Support received (items, training, etc.)</li> <li>• Education, health, trafficking, C4D (radio messages)</li> <li>• Needs (immediately after the earthquake and now)</li> </ul>	8 females
3	Group of 11 community members (men and women)	Sangachok VDC, Sindhupalchowk (discussion held outside the health post)	<ul style="list-style-type: none"> <li>• Support received (items, training, etc.)</li> <li>• Health and WASH</li> <li>• Needs (immediately after the earthquake and now)</li> </ul>	9 females 2 males
4	Staff at Jana Jagriti Higher Secondary School Sangachok and Partner organization <ul style="list-style-type: none"> <li>• 2 teachers (males)</li> <li>• School head/ principal (male)</li> <li>• 3 staff from TPO Nepal (2 females, 1 male)</li> </ul>	Sangachok VDC, Sindhupalchowk (discussion held in school)	<ul style="list-style-type: none"> <li>• Psychosocial training received and how used</li> <li>• Educational materials</li> <li>• Plans for future of school (reconstruction)</li> <li>• TLC (winterization, current situation in school)</li> <li>• Trafficking awareness activities</li> <li>• Involvement of SMC/PTA in TLC</li> </ul>	2 females 4 males

5	Group of 13 community members (men and women)	Fulpingkot VDC, Sindhupalchowk (discussion held outside in community)	<ul style="list-style-type: none"> <li>• Support received (items, training, etc.)</li> <li>• Education, health, cash, trafficking, WASH, livelihoods, C4D (radio messages)</li> <li>• Needs (immediately after the earthquake and now)</li> </ul>	9 females 4 males
6	School staff members: <ul style="list-style-type: none"> <li>• School committee chairperson (male)</li> <li>• 3 SMC members (male)</li> <li>• PTA member from neighboring school (male)</li> <li>• School principal (male)</li> </ul>	Hawa VDC, Dolakha (discussion held at secondary school)	<ul style="list-style-type: none"> <li>• Educational, hygiene and WASH support received</li> <li>• TLC (winterization, current situation in school)</li> <li>• Plans for future of school (reconstruction)</li> <li>• Involvement of SMC/PTA in TLC</li> <li>• Education needs after earthquake and now</li> </ul>	6 males
7	Group of 10 women	Hawa VDC, Dolakha (discussion held at secondary school)	<ul style="list-style-type: none"> <li>• Support received (items, training, etc.)</li> <li>• Education, C4D, trafficking, WASH, cash support, clothing</li> </ul>	10 females
8	Group of 10 women belonging to women's committee	Bhirkot VDC, Dolakha (discussion held near a secondary school)	<ul style="list-style-type: none"> <li>• Support received (items, training, etc.)</li> <li>• Education, C4D, trafficking, WASH, cash support</li> <li>• Needs (immediately after the earthquake and now)</li> </ul>	10 females
9	Group of 13 women belonging to a women's savings group	Pakarbas VDC, Ramechhap	<ul style="list-style-type: none"> <li>• Support received (items, training, etc.)</li> <li>• Education, C4D, trafficking, GBV, health, psychosocial counseling, WASH, cash support, livelihoods</li> <li>• Government plans for future reconstruction</li> <li>• Needs (immediately after the earthquake and now)</li> </ul>	13 females
10	Group of 8 women living in an IDP camp	Bouddha Camp, Lalitpur	<ul style="list-style-type: none"> <li>• Support received (items, training, etc.)</li> <li>• WASH, education, GBV, trafficking, livelihoods</li> <li>• Needs (immediately</li> </ul>	8 females

			after the earthquake and now)	
11	Group of 3 elderly men, cash grant recipients	Khokawa Municipality, Lalitpur	<ul style="list-style-type: none"> <li>Process for receiving cash grant</li> <li>Things that worked well and things that could be improved</li> <li>Use of cash (how used, sufficiency)</li> </ul>	3 males
12	Group of 4 female shelter home patients and 2 husbands	Gorkha, District Hospital/Shelter Home	<ul style="list-style-type: none"> <li>Support received in shelter home</li> </ul>	4 females 2 males
13	Partners meeting: <ul style="list-style-type: none"> <li>Save the Children, Education Coordinator, District Coordinator</li> <li>SSICDC - local partner</li> </ul>	Gorkha district centre	<ul style="list-style-type: none"> <li>Education</li> <li>TLC design, WASH facilities, supplies, teacher psychosocial training, community participation</li> </ul>	1 female 2 males
14	Group of 9 CFS child beneficiaries (6 boys and 3 girls)	Taple VDC, Gorkha	<ul style="list-style-type: none"> <li>Child protection</li> <li>Use and need for CFS</li> </ul>	3 females 6 males
15	Group of 8 female UASVC cash grant beneficiaries, 3 girls, 3 boys under 18	Taple VDC, Gorkha	<ul style="list-style-type: none"> <li>Child protection</li> <li>Cash grant provided under UASVC programme</li> </ul>	11 females 3 males
16	Group of community members	Taple VDC, Gorkha	<ul style="list-style-type: none"> <li>Social policy</li> <li>Use and need of cash top up</li> </ul>	4 females 5 males
17	School 4 staff members (teachers)	Aarughat VDC, Gorkha	<ul style="list-style-type: none"> <li>Education</li> <li>TLC design, supplies, teacher training, community participation</li> </ul>	1 female 3 males
18	Group of 4 women and children	Salyantaar VDC, Dhading	<ul style="list-style-type: none"> <li>Child protection</li> <li>Cash grant, other services for UASVC</li> </ul>	4 females
19	Group of 7 shelter home residents 3 female, 3 children, 1 old man)	Salyantaar VDC, Dhading, District Health Centre/Shelter Home	<ul style="list-style-type: none"> <li>Health</li> <li>Support received in shelter home, coverage</li> </ul>	5 females 2 males
20	Group of school 4 male staff members (teachers)	Salyantaar VDC, Dhading, Ranipauwa village	<ul style="list-style-type: none"> <li>Education</li> <li>TLC design, WASH facilities, supplies, teacher psychosocial training, community participation</li> </ul>	4 males
21	Group of 6 IDP mothers	Salyantaar VDC, Dhading, IDP camp	<ul style="list-style-type: none"> <li>Child protection and</li> <li>Use of CFS, access to education and TLC</li> </ul>	6 females
22	Partners meeting:	Dhading district	<ul style="list-style-type: none"> <li>Child protection,</li> </ul>	4 males

	<ul style="list-style-type: none"> <li>Focus Nepal</li> <li>Aasman</li> <li>Prakash</li> <li>ICDC</li> </ul>	centre	education <ul style="list-style-type: none"> <li>TLC design, supplies, teacher training, community participation, use of CFS, integration of programmes</li> </ul>	
23	Partners meeting <ul style="list-style-type: none"> <li>SAVE</li> <li>NSET</li> </ul>	Bidur VDC, Nuwakot	<ul style="list-style-type: none"> <li>WASH</li> </ul>	2 males
24	Partners meeting: <ul style="list-style-type: none"> <li>ACF (two staff)</li> <li>ENPHO</li> <li>LECCOS</li> <li>Umbrella</li> </ul>	Dhunche VDC, Rasuwa	<ul style="list-style-type: none"> <li>WASH, Education, Child protection</li> <li>TLC design, supplies, teacher training, community participation</li> <li>Implementation of UASVC programme (cash grant)</li> </ul>	1 female 4 males
25	Group of 4 female shelter home patients	Dhunche VDC, Rasuwa, district hospital/shelter home	<ul style="list-style-type: none"> <li>Health</li> <li>Support received in shelter home, coverage</li> </ul>	4 females
26	Group discussion with Chief Development Officer, Local Development Officer, and WCO, DCWB/CRO and IMO	Bidur VDC, Nuwakot	<ul style="list-style-type: none"> <li>Child protection, WASH, health, education</li> <li>UNICEF assistance, recovery planning, district level coordination</li> </ul>	1 female 4 males
27	Group discussion with Chair, Vice-Chair and a general member of NRCS	Dhamastali municipality, Kathmandu	<ul style="list-style-type: none"> <li>Health and WASH</li> </ul>	5 males
28	Group of 10 community members	Bhattedanda, Lalitpur	<ul style="list-style-type: none"> <li>Social policy</li> <li>Need and use of cash top up grant</li> </ul>	5 females 5 males
29	Group of 4 female patients in shelter home and 1 husband	Lele VDC, Lalitpur, Primary health centre/shelter home	<ul style="list-style-type: none"> <li>Health</li> <li>Support received in shelter home, coverage</li> </ul>	4 females 1 male

#### Key Informant Interviews:

District	Name	Organisation/ Department	Gender
<b>UNICEF</b>			
Sindhupalchowk	Emergency Specialist, Chief of Emergency Site	UNICEF SO	female
Sindhupalchowk	Child Protection Officer	UNICEF SO	male

Sindhupalchowk	CPIE Officer	UNICEF SO	male
Sindhupalchowk	Education Officer	UNICEF SO	male
Sindhupalchowk	WASH Officer	UNICEF SO	male
Kathmandu	Education Officer	UNICEF Kathmandu SO	male
Kathmandu	Nutrition Officer	UNICEF Kathmandu SO	female
Kathmandu	Health Officer	UNICEF Kathmandu SO	male
Kathmandu	Chief, Kathmandu Emergency Site Location	UNICEF Kathmandu SO	male
Kathmandu	Deputy Regional Director	UNICEF ROSA	male
Kathmandu	Chief, WASH section	UNICEF NCO	male
Kathmandu	Regional Emergency Advisor	UNICEF ROSA	male
Kathmandu	Regional Social Policy Advisor	UNICEF ROSA	male
Kathmandu	Chief, C4D section	UNICEF NCO	male
Kathmandu	Budget Officer	UNICEF NCO	Female
Kathmandu	Partnership Specialist	UNICEF ROSA	male
Kathmandu	Regional Nutrition Advisor	UNICEF ROSA	male
Kathmandu	Supply section staff members	UNICEF NCO	2 males
Kathmandu	HR section staff members	UNICEF NCO	1 male 2 females
Kathmandu	Chief, Health section	UNICEF NCO	male
Kathmandu	Regional Director	UNICEF ROSA	female
Kathmandu	Deputy Representative	UNICEF NCO	female
Kathmandu	Chief, Planning & Evaluation section	UNICEF NCO	female
Kathmandu	Senior Emergency Specialist	UNICEF NCO	female

Kathmandu	C4D section staff members	UNICEF NCO	3 females 1 male
Ghorkha	Education Officer	UNICEF SO	male
Ghorkha	Child Protection Officer	UNICEF SO	male
Ghorkha	Health Officer	UNICEF SO	male
Ghorkha	C4D Officer	UNICEF SO	male
Ghorkha	WASH Officer	UNICEF SO	male
Ghorkha	Nutrition Officer	UNICEF SO	male
Nuwakot	UNICEF Emergency Specialist	UNICEF SO	female
Nuwakot	Child Protection Officer	UNICEF SO	male
Dhading	Child Protection Officer	UNICEF SO	male
Lalitpur	Child Protection Officer	UNICEF SO	female
Lalitpur	WASH Officer	UNICEF SO	female
Kathmandu	Child Protection Specialist, IMO	UNICEF NCO	male
Kathmandu	Education Specialist	UNICEF NCO	female
Kathmandu	Emergency Specialist	UNICEF ROSA	female
Kathmandu	Gender Equality and Social Inclusion Focal Point	UNICEF NCO	female
Kathmandu	Cash Transfer Specialist	UNICEF NCO, Social Policy	male
Kathmandu	Chief, Social Policy & Economic Analysis section	UNICEF NCO, Social Policy	male
Kathmandu	Chief, Education Section	UNICEF NCO	female
Nuwakot	WASH Officer	UNICEF SO	male
Kathmandu	Chief, Child Protection section	UNICEF NCO	female
<b>Government</b>			

Sindhupalchowk	District Health Officer	DPHO	male
Sindhupalchowk	DDRC staff member	DDRC	male
Sindhupalchok	District Education Officer	DEO	male
Sindhupalchok	WSSDO staff member	WSSDO	male
Dolakha	IMO	WCO	female
Dolakha	Women Development Officer	WCO	female
Dolakha	Assistant District Education Officer	DoE	male
Dolakha	Coordinator, Disasters and Epidemics	DPHO	male
Ramechhap	Women Development Officer	WCO	female
Kathmandu	Ward Secretary	Government	male
Kathmandu	Director of Department of Women and Children	DWC	female
Kathmandu	DWSS staff member	DWSS	2 male
Ghorkha	Health assistant, Shelter home community assistant, Nutrition Coordinator, Nutrition Officer, NTAG DC, RRT FP	Department of Public Health (DPHO)	1 female 5 males
Ghorkha	WSSDO, COSDER, NRCS Gorkha Chapter Coordinator	Government/DWSS	3 males
Ghorkha	Women Development Officer/ DCWB Chief	Government/Women Children Office, CRO	female
Ghorkha	2 Registrars, VDC Secretary	DDC	2 males 1 female
Ghorkha	CRO and CHES social worker/cash grant	DCWB	2 males
Ghorkha	VDC Secretary	Government	male
Dhading	Senior Public Health Officer, Public Health Officer, NTAG, NTAG IMO, Health Assistant, Auxiliary Nurse Midwife	DPHO	4 males 2 females
Dhading	Management Committee Chair and 2 staff members	DPHO	3 males

Lalitpur	Public Health Officer (Nutrition Focal Person)	DPHO	male
Ghorkha	DPH staff member, 2 shelter home staff nurses, female community health volunteer	DPHO/ Shelter home	4 females
Ghorkha	SAM child and his mother	DPHO/ Shelter home	1 female 1 male
Ghorkha	2 doctors and staff member	DPHO/ Shelter home	2 males 1 female
Dhading	Doctor	DPHO/Shelter home	female
Dhading	2 shelter home assistants and female community health volunteer	DPHO/Shelter home	3 females
Dhading	Women Development Officer and CRO	Government/WCO, DCWB/CRO	1 female 2 males
Nuwakot	District Education Officer	DoE	male
Rasuwa	IMO	DCWB	male
Rasuwa	DWSO	DWSSDO	male
Rasuwa	CDO	Chief District Officer	male
Rasuwa	Health post in-charge	DPHO	male
Rasuwa	Shelter home staff nurse	DPHO	female
Rasuwa	Doctor and nutrition officer	DPHO	1 male 1 female
Rasuwa	Child Rights Officer	CRO	female
Rasuwa	Staff member	DPHO	male
Kathmandu	Staff member	Office of Nepal Public Health	male
Lalitpur	CRO and IMO	DCWB	1 female 1 male
Kathmandu	National Programme Advisor	CCWB	female
Kathmandu	Focal person for cash transfer	DoCR/MoFALD	male
<b>NGOs/ UN/ International organisations</b>			
Sindhupalchowk	Education Officer	Save the Children	male

Sindhupalchowk	District Manager	Save the Children	male
Sindhupalchowk	Staff member	MANK	male
Sindhupalchowk	Staff member	MANK	male
Dolakha	WEDS-SMO	World Health Organisation	male
Dolakha	Chairperson	ECARDS	male
Dolakha	Chairperson	SPADA	male
Ramechhap	Staff member	Suryodaya Samudayik Sanaj	male
Ramechhap	Project Coordinator (education)	RBPW (Rural Business Professional Women)	male
Ramechhap	WASH Program Coordinator	Community Development Society	male
Ramechhap	IMO	CDS	male
Ramechhap	Program Coordinator	CDS	male
Kathmandu	4 Staff members	NCV, WASH	1 male 3 females
Kathmandu	Nutrition Officer	Social Development NGO	female
Kathmandu	Social Mobilizer (WASH)	ENPHO	male
Lalitpur	Team Leader	CWISH	male
Lalitpur	Cluster In-Charge	Cluster In-Charge	male
Kathmandu	Staff member	Save WASH and Education	1 female 1 male
Kathmandu	RC and Consultant	RC	2 males
Kathmandu	3 Staff members	ENPHO	3 males
Kathmandu	2 Staff members	Oxfam GB	1 male 1 female
Kathmandu	3 Staff members	HERD Monitoring	2 males 1 female
Kathmandu	Staff member and 2 field staff	Umbrella Foundation	3 males

Kathmandu	Staff member	NEPAN	male
Kathmandu	2 Staff members	Red Cross/NRCS	1 male 1 female
Ghorkha	Staff member	CHESS NGO	male
Ghorkha	District Coordinator	Save	female
Ghorkha	UN Women Gender Officer	UN Women	female
Dhading	Staff member	Pramita NGO	female
Nuwakot	WASH Program Manager	ACF	male
Rasuwa	Team Leader	Umbrella Foundation	male
Rasuwa	Community Social Mobiliser	Umbrella Foundation	male
Rasuwa	Staff member	ACF	female
Rasuwa	2 Staff members	LACCOS	2 males
Rasuwa	Staff member	ENPHO	male
Nuwakot	Reintegration Officer	Umbrella Foundation	male
Kathmandu	Staff member	Restless	male
Kathmandu	Staff member	CWIN	female
Lalitpur	Staff member	CWISH	male
Lalitpur	Social Mobiliser	CVICT	male
Kathmandu	Regional Director and OCHA senior advisor	UNDP/OCHA	2 males
Kathmandu	Education Advisor	SAVE	female
Kathmandu	CCCM Cluster Lead	IOM	male
Lalitpur	Staff members	CPHED	2 males
Kathmandu	Director and staff members	World Education	3 females

Kathmandu	Staff member	Nepal Public Health Foundation	male
<b>Community</b>			
Sindhupalchok	School Chairperson	Shree Ram Devi Secondary School	male
Sindhupalchok	Teacher	Community/ CFS	female
Sindhupalchok	Female Worker, Female Friendly Space	IDP Camp	female
Sindhupalchok	School Management Committee Chairperson	Secondary school	male
Sindhupalchok	Teacher	Teacher, secondary school	male
Dolakha	Head teacher	Secondary school	female
Dolakha	Chief Nurse	Health centre/ birth centre	female
Dolakha	Health Assistant	Health centre/ birth centre	female
Ramechhap	School principal, teacher, school management committee members	Secondary school	5 males
Ramechhap	women community health volunteer	Community	female
Kathmandu	Health Post In-Charge	Health Post In-Charge	male
Kathmandu	Community members	Community/ WASH	4 females 2 males
Lalitpur	Vice Principal	Namuna Machhindra Campus	male
Lalitpur	Director	Patan Hospital	male
Kathmandu	Administrator and Major	Shree Birenda Army Hospital	2 male
Kathmandu	Principal	Madan Smarak	male
Ghorkha	2 Former CFS facilitators	Community	2 females
Ghorkha	2 Head teachers, School Management Committee Members	TLC/ school	1 female 5 males
Dhading	Camp coordinator and CFS former facilitator	Community/ IDP camp	1 male 1 female
Dhading	2 Head teachers	Schools	2 males

Rasuwa	Camp management committee and IDP women	IDP Camp	2 females 2 males
Rasuwa	IDP women receiving cash grant	IDP Camp	2 females
Rasuwa	Head teacher of Shamey Wang Phel	School	1 male
Rasuwa	Male and female residents of Barkhu village	Community, WASH	2 males 1 female
Rasuwa	CFS Coordinator	CFS	1 female
Nuwakot	Transit home teacher	Transit home	1 female
Nuwakot	3 Community members	Community, WASH facilities	3 females
Nuwakot	Assistant Head Teacher	Shree Mahendra Secondary School	1 male
Kathmandu	Head teachers	Bidhaya Mandir school	1 male
Kathmandu	3 Beneficiaries of UASCV cash grant	Community	3 females
Kathmandu	Teacher	Gramsewa school	1 male
Lalitpur	Head teacher	School	1 male
Lalitpur	IDP women receiving cash grant	Community	3 females

**Team schedules for mission in February:**

**Table 1: Team 1 schedule of visits in the field**

Date	District	VDC/municipality	Stakeholders
8 Feb	Travel to Gorkha		
9 Feb	Gorkha	District level meetings	Site office team, district officials, implementing partners, shelter home observation
10/11 Feb	Gorkha	Taple, Aarughat	Affected populations, VDC officials, implementing partners, Education/ Health/ Nutrition/ Protection/ Social Policy
11/12 Feb	Dhading	Salyantaar, Dhuwakot, district level meetings	Affected population, district officials, Education/ Health/ Nutrition/ WASH/ Protection
12 Feb	Nuwakot	District level meetings	Site office team, district officials, implementing partners
13/14 Feb	Rasuwa	Dhunche, Syaphrubesi	Affected populations, district officials, implementing partners, IDP camps, Health/ Education/ WASH/ Protection
15 Feb	Nuwakot	Chagare	Affected populations, implementing partners, WASH/ Health/ Education/ Protection
16 Feb	Kathmandu	Dharmastali municipality	Affected populations, implementing partners, Education/ Protection/ Health/ Nutrition
17 Feb	Lalitpur	Bhaktapur Municipality, Lele, district level meetings	Site office team, affected populations, implementing partners, district officials Health/ Education/ Protection

**Table 2: Team 2 schedule of visits in the field**

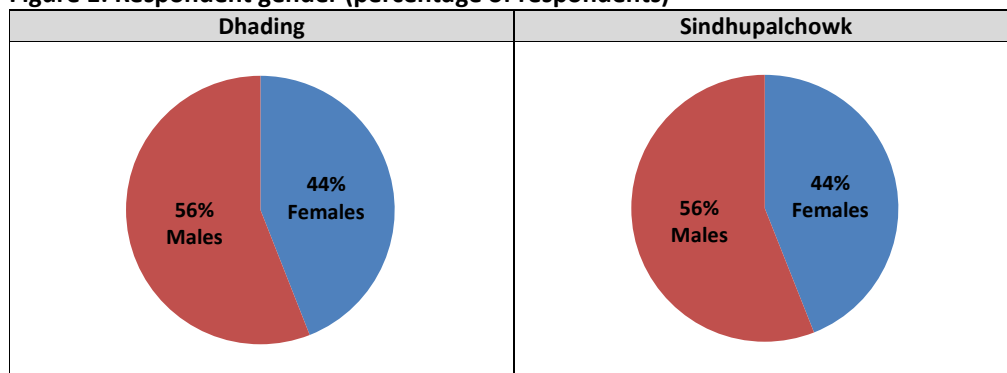
Date	District	VDC/municipality	Stakeholders
8 Feb	Travel to Sindupalchowk		
9 Feb	Sindupalchowk	Sangachok, district level meetings	Affected populations, site office team, implementing partners, Education/ Protection/ WASH/ Health
10 Feb	Sindupalchowk	Fulpingkot and Jalbire Tari (Bajjar) IDP Camp	Affected populations, implementing partners, Education/ Protection/ WASH
11 Feb	Sindupalchowk	District level meetings	District officials, implementing partners, Protection/ Health/ Education/ WASH
12 Feb	Dolakha	District level meetings	Site office team, district officials, implementing partners, Protection/ Education/ Health/ WASH
13 Feb	Dolakha	Hawa	Affected populations, Education
14 Feb	Dolakha/Ramechhap	Bhirkot	Affected populations, implementing partners, Education/ Health
15 Feb	Ramechhap	Parkabas, district level meetings	Affected populations, district officials, implementing partners, Education/ Protection/ Health/ WASH
16 Feb	Kathmandu	Bouddha Camp	Affected populations, implementing partners, WASH
17 Feb	Lalitpur	Khokawa, Lagenkhel, Pulchok	Affected populations, district officials, implementing partners, Education/ Health/ WASH/ Social Policy

## Annex 3: Household survey

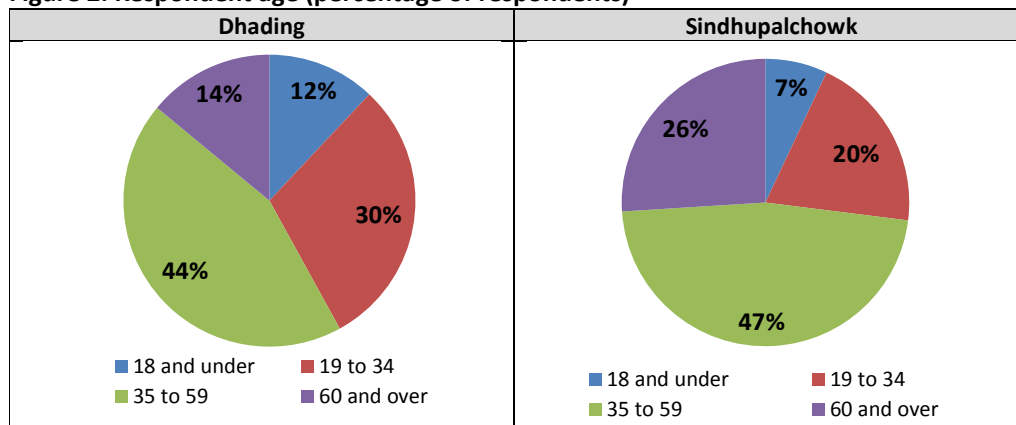
The household survey was undertaken between 26 March and 1 April. It included 200 household interviews and was carried out in two districts (100 interviews in each district), Dhading and Sindhupalchowk, and ten Village Development Committees (VDCs), five in Dhading (Agnichok, Benighat, Chhatre Deurali, Khalte, Sangkos) and five in Sindhupalchowk (Batase, Bhimtar, Petaku, Sindhukot, Tauthali). The responses included in the graphs and tables included in this annex are from all 200 respondents (100 for Dhading and 100 for Sindhupalchowk) unless specifically noted otherwise. Note: 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 is in some cases very small, such that results should be taken with caution.

### INFORMATION OVER RESPONDENTS AND HOUSEHOLDS

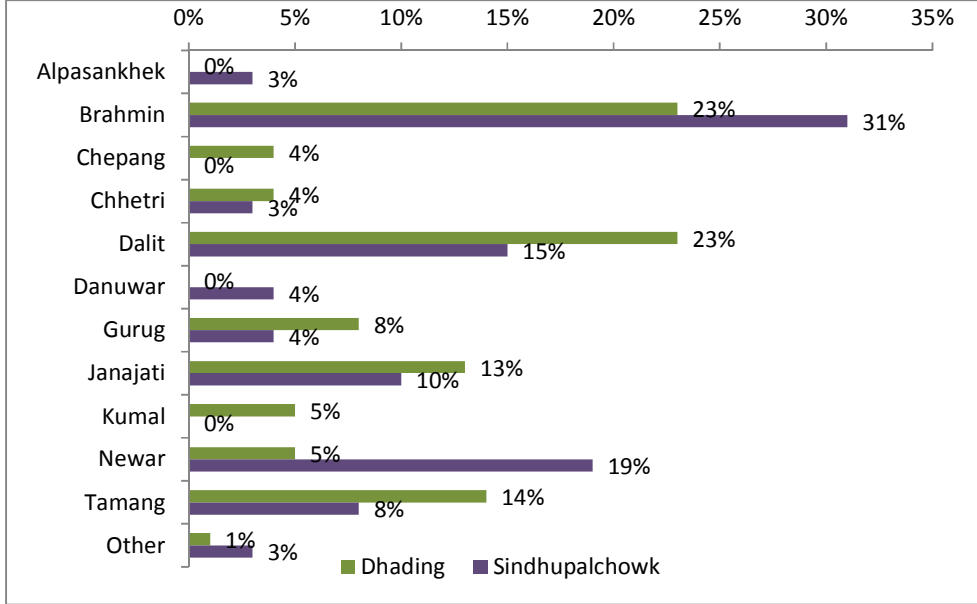
**Figure 1: Respondent gender (percentage of respondents)**



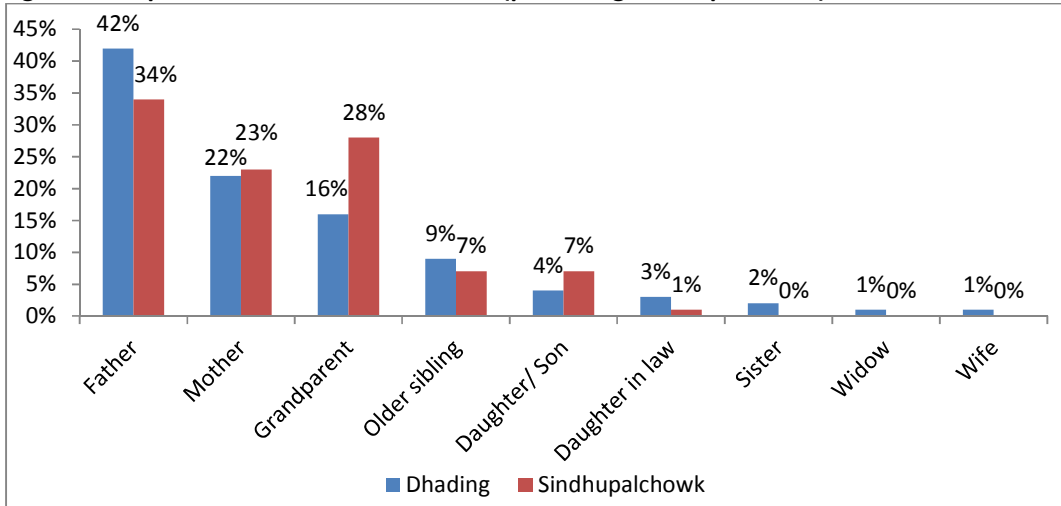
**Figure 2: Respondent age (percentage of respondents)**



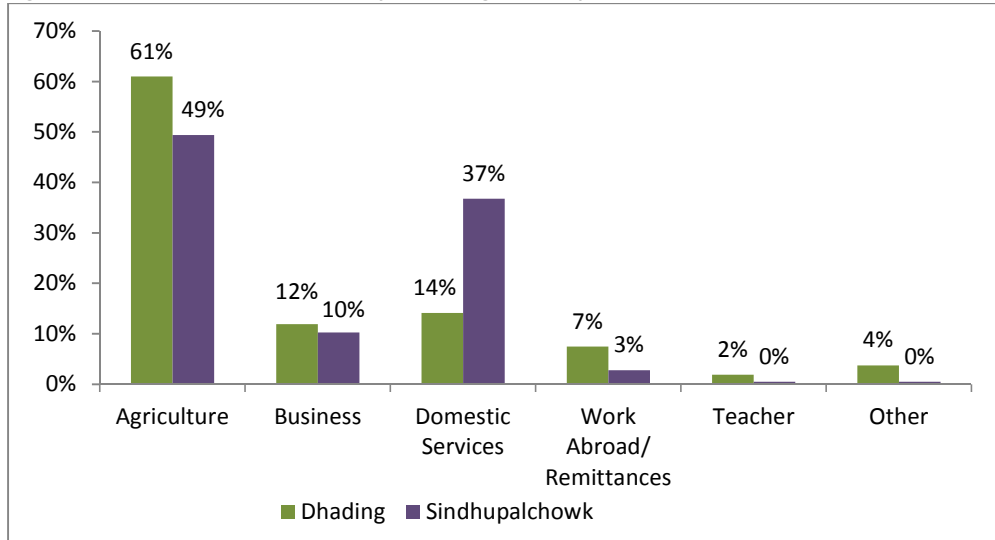
**Figure 3: Respondent caste (percentage of respondents)**



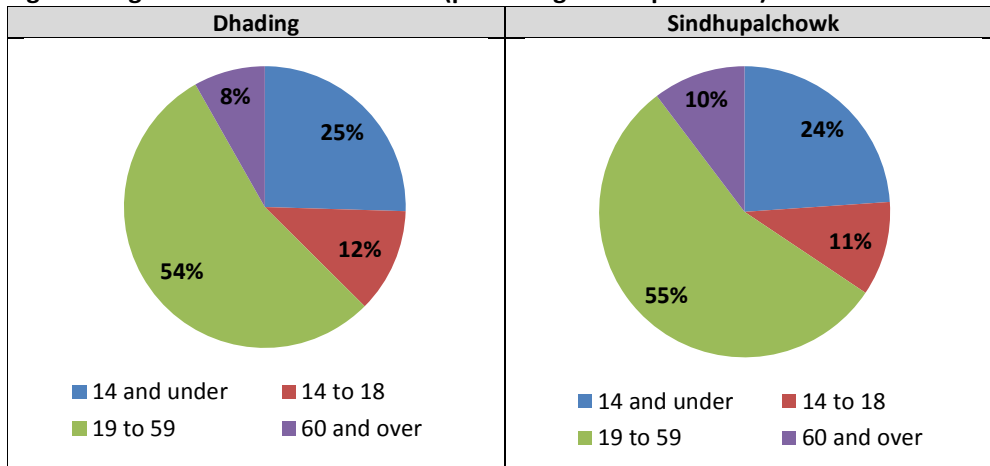
**Figure 4: Respondent role in the household (percentage of respondents)**



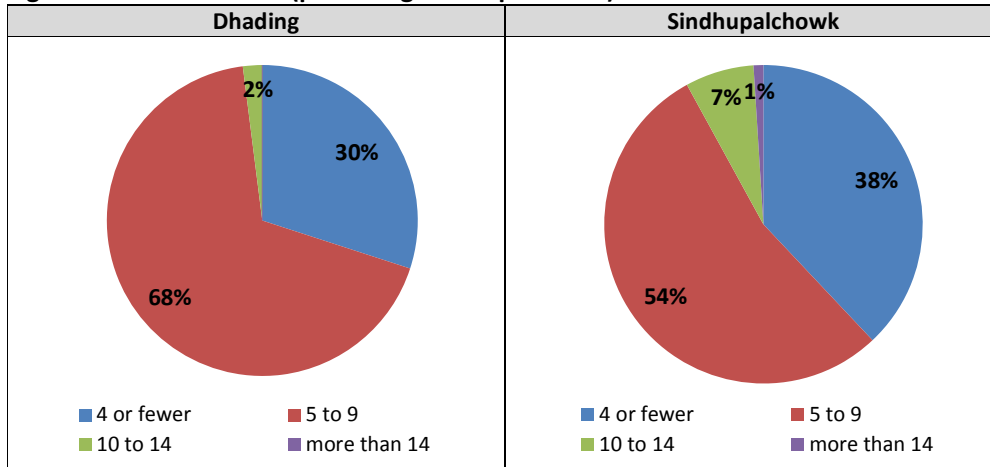
**Figure 5: Household livelihoods (percentage of respondents)**



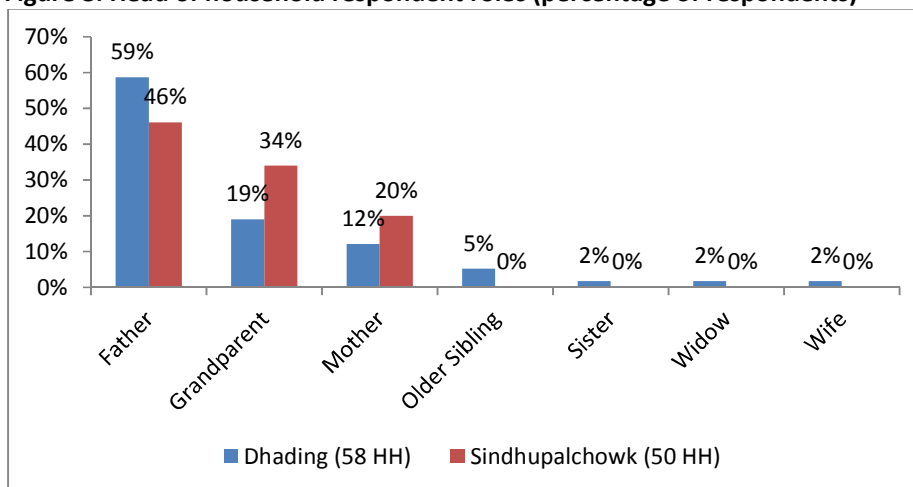
**Figure 6: Ages included in households (percentage of respondents)**



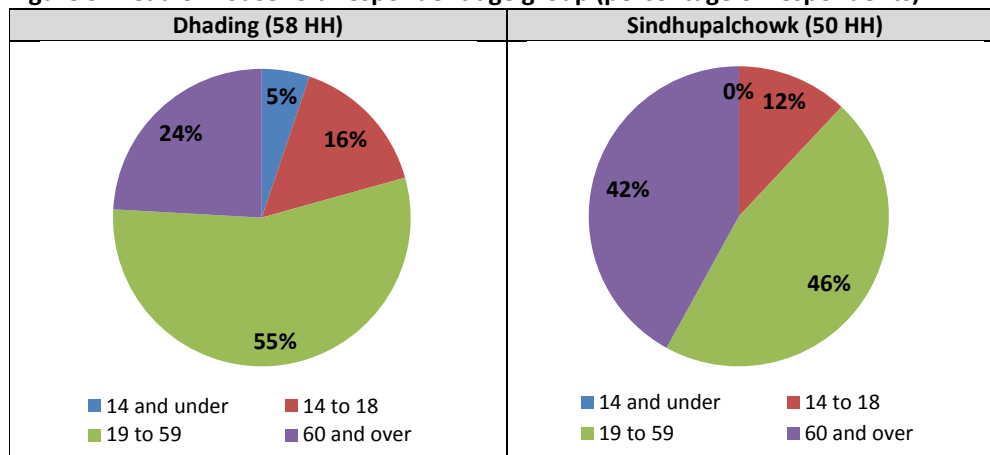
**Figure 7: Household size (percentage of respondents)**



**Figure 8: Head of household respondent roles (percentage of respondents)**



**Figure 9: Head of household respondent age group (percentage of respondents)**



**Table 3: How respondents were affected by the earthquake (Q02)<sup>22</sup> (percentage of respondents)**

Earthquake affects	Dhading	Sindhupalchowk	Total
House fully damaged	78%	100%	89%
Water supply damaged	66%	58%	62%
Lack of food	33%	73%	53%
School fully damaged	39%	61%	50%
Broken Sanitation	36%	48%	42%
Children unsafe school building	48%	1%	25%
Health partially discontinued	10%	38%	24%
School partially damaged	28%	5%	17%

<sup>22</sup> Tables 6 and 7 show how respondents were affected by the earthquake and the assistance they received. Items selected by at least 50 per cent of respondents have been highlighted in green. Values selected by at least 25 per cent of the respondents have been highlighted in yellow.

Health fully discontinued	10%	19%	15%
House partially damaged	22%	4%	13%
Lost livelihoods	14%	6%	1%
Became jobless	11%	0%	6%
Other	10%	0%	1%
Missing relatives or friends	6%	0%	3%

\*There was a slight inconsistency in the data, as four respondents in Sindhupalchowk selected both house fully damaged and house partially damaged.

**Table 4: Assistance received by respondents (Q04) (percentage of respondents)**

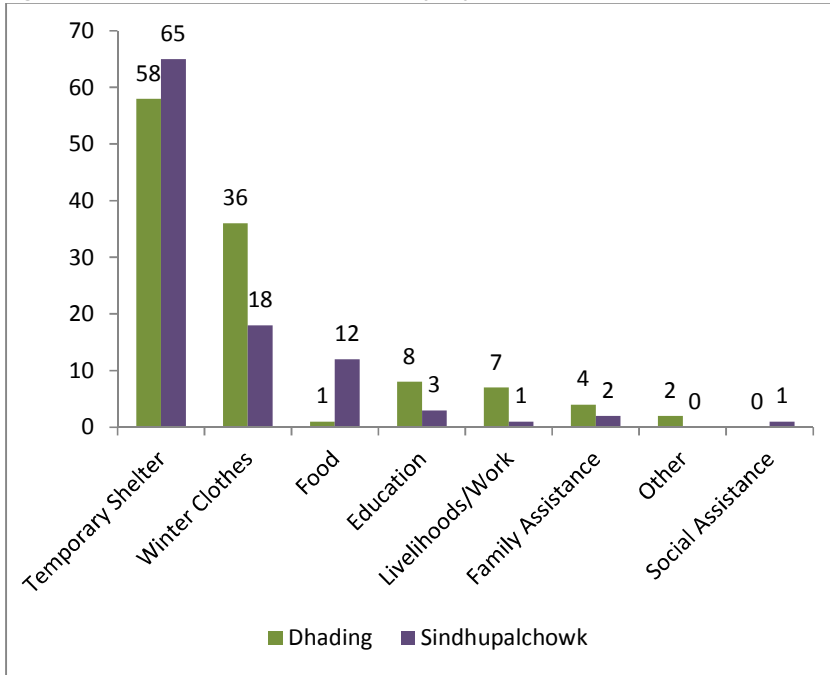
Assistance	Dhading	Sindhupalchowk	Total
Cash	73%	87%	80%
Blankets or nets	70%	82%	76%
Hygiene kit	64%	87%	76%
Water kit	59%	87%	73%
Education for health	51%	84%	68%
School kit	31%	66%	49%
Winter clothes	21%	69%	45%
School clothes	23%	54%	39%
Vitamin A capsules	23%	47%	35%
Vaccination support	12%	31%	22%
Micronutrient powder	22%	13%	18%
Psychosocial support/ counselling	20%	13%	17%
Awareness trafficking	10%	20%	15%
Other	23%	1%	12%
Recreational items	16%	6%	11%
Summer clothes	9%	8%	9%
Measuring scale	8%	8%	8%
MUAC tape	7%	8%	8%
IFA tablet	7%	7%	7%
Height board	8%	5%	7%
Breastfeeding and nutrition	5%	4%	5%
RUTF	4%	4%	4%

Respondents received cash assistance were asked to specify from whom they received it, what the cash assistance was for and how much they received in total. Some recipients received cash from both the government and NGOs. The amount of cash reflects the sum of all cash assistance respondents received.

**Table 5: Cash assistance: from whom received (Q05) (number of respondents)**

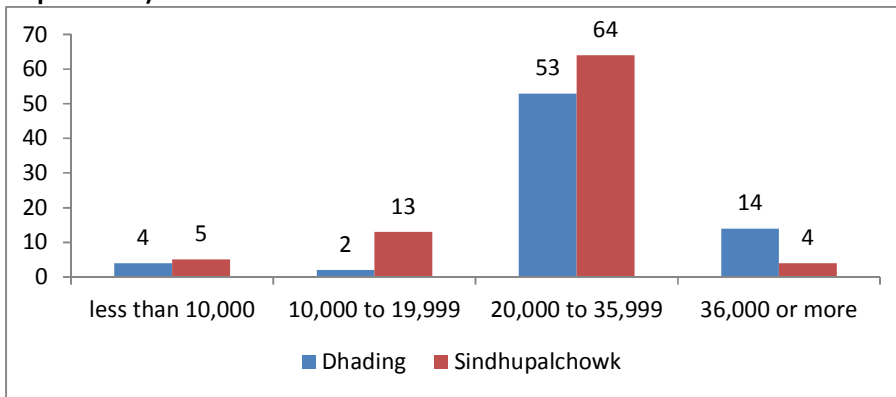
	Government	NGOs
Dhading	68	29
Sindhupalchowk	81	19
Total	149	48

**Figure 10: Cash assistance: for what purpose received (Q05)\* (number of respondents)**



\*Note: This was an open-ended question asked to respondents who had received cash assistance with some not specifying a specific purpose. Actual coverage of Social Policy cash recipients in these districts is between 7 and 8 per cent of the total population. Given the responses received, respondents most likely responded what they used the cash for instead of the programme under which they received it, which could explain the low number of responses for Social Policy. For this reason, it is difficult to attribute the cash assistance reported in this graph to support received from a specific programme.

**Figure 11: How much cash assistance received (in Nepalese rupees) (Q05) (number of respondents)**



## APPROPRIATENESS

In general support was seen to suit the needs of women and girls slightly more than that of men and boys in both Dhading and Sindhupalchowk (Figures 32 and 33). The suitability of the support received by the disabled was rated the lowest of all groups, with the suitability of the support provided to the elderly also rated lower than the general population.

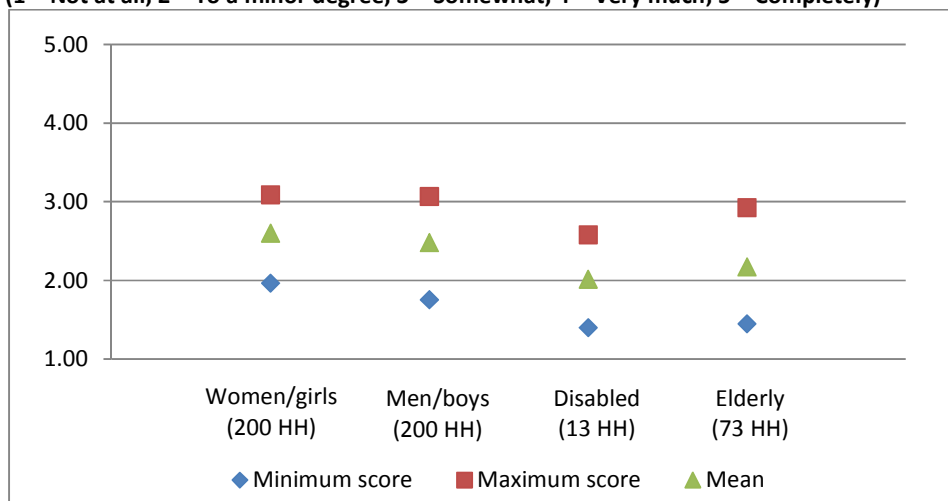
The water kits, hygiene kits and blankets and nets received the highest scores by all groups in both districts (Table 12). In contrast, vaccination support, awareness on trafficking and psychosocial support, breastfeeding and nutrition practices and counselling received the lowest scores in terms of their suitability.

The school kits and schools clothes were rated much higher in Sindhupalchowk than in Dhading. Whereas cash was rated second lowest overall in Sindhupalchowk in comparison with the other types of support (except for the disabled). In comparison in Dhading it was rated fourth highest after the water and hygiene kits and blankets and nets.

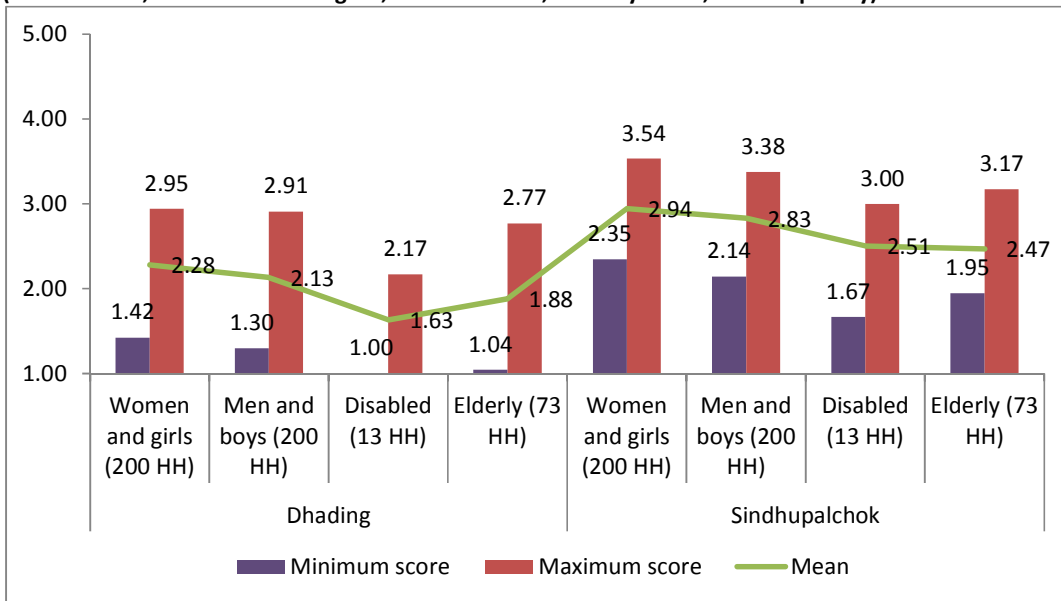
Respondents in Dhading were overall much less positive than those in Sindhupalchowk over the suitability of the support they received, never quite reaching an average score of 3.00 (somewhat suitable) in any category, while respondents in Sindhupalchowk rated at least one type of support as 3.00 or above in all of the categories (Figure 33). Neither of the districts rated any of the support as very much or completely suitable. In terms of variation within the responses, Dhading had significantly more variation than Sindhupalchowk, with most types of support having a score of over 50 per cent for the variation coefficient, meaning that responses in the latter are more homogeneous.

**Figure 12: 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)

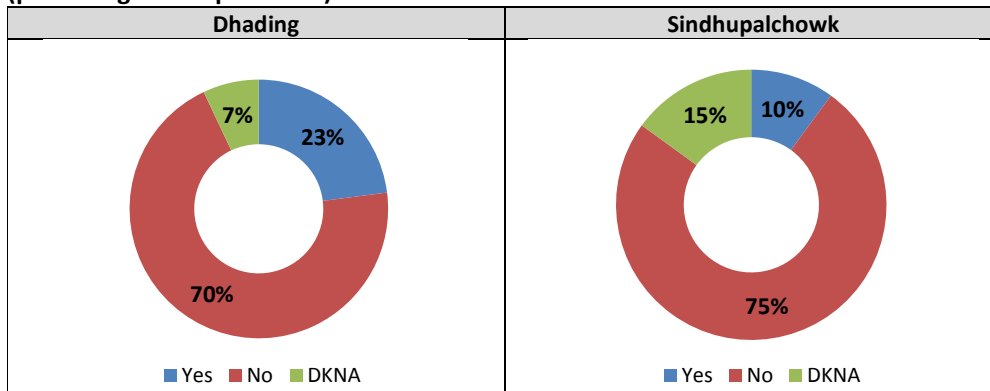


**Figure 13: Suitability of Support Provided by Group and District (Q22, Q23, Q25, Q28)**  
 (1 = Not at all; 2 = To a minor degree; 3 = Somewhat; 4 = Very much; 5 = Completely)

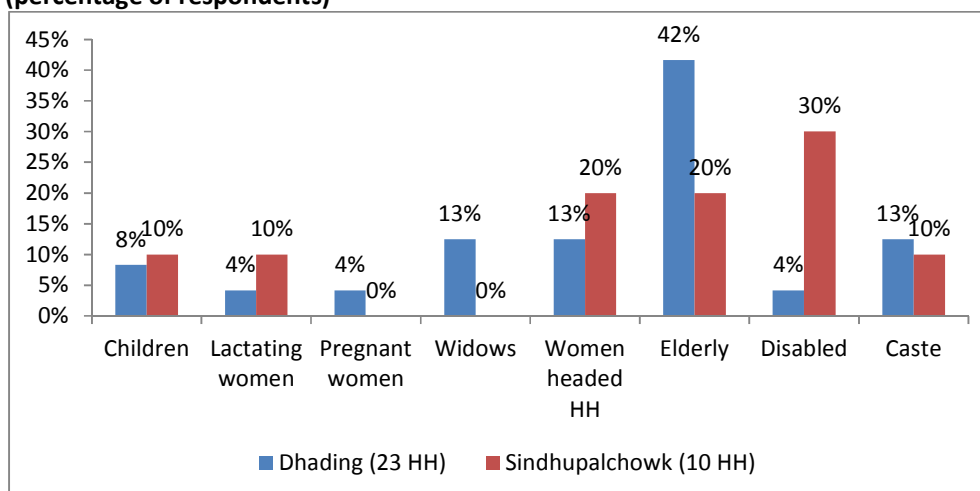


When asked whether anyone in the household/ family who needed support did not receive it, 23 per cent of respondents in Dhading compared to ten per cent in Sindhupalchowk responded positively (Figure 34). Out of those people who did not receive the support needed, the elderly were the most likely (36 per cent), with women headed households (15 per cent), the disabled (12 per cent), and caste related (12 per cent) following. As can be seen in Figure 35, the elderly were the most likely to not have received support in Dhading and the disabled were the most likely in Sindhupalchowk. However, when asked to all survey respondents if they had observed an extra effort to address the needs of the disabled, respondents from Dhading and Sindhupalchowk both responded relatively positively between somewhat and very much (Table 9).

**Figure 14: Did anyone in your household/family who needed support not receive it? (Q20)**  
 (percentage of respondents)



**Figure 15: If yes (not received), does he/she belong to any of following group(s)? (Q21) (percentage of respondents)**



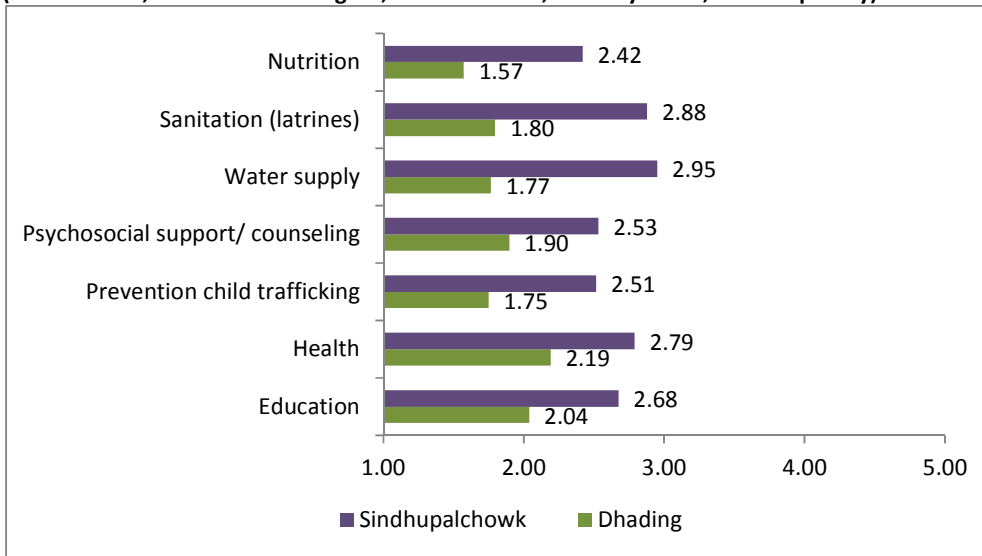
**Table 6: Extent observed an extra effort to address the needs of adults and children with disabilities (all respondents) (Q26)**

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

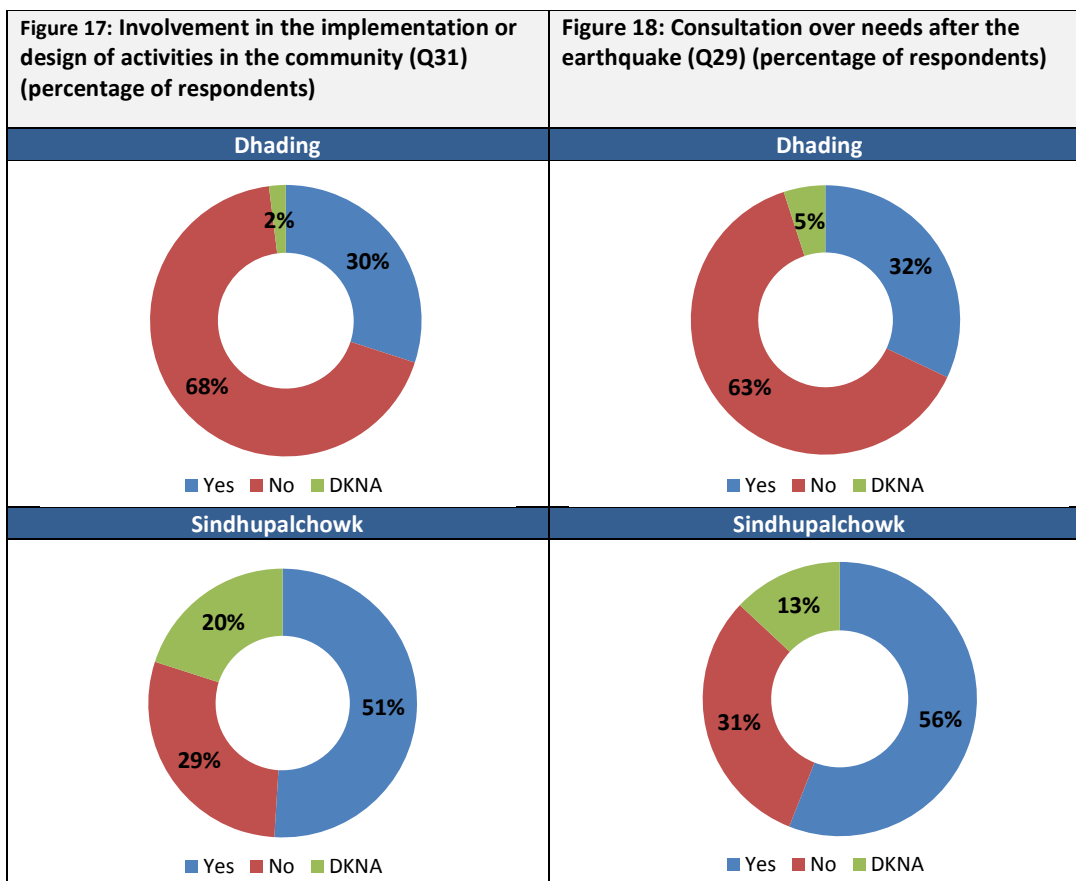
Dhading	3.33
Sindhupalchowk	3.70
Total	3.51

In general, respondents were less positive about the adequacy of the support in comparison with the suitability, rating it as less than somewhat adequate in all sectors in both districts and in Dhading less than to a minor degree except for Education and Health (Figure 36). Respondents in Dhading rated the adequateness of support lower than Sindhupalchowk in every category by at least 0.6 points. However, the difference between the lowest and highest ranked responses for each type of support was not that great at 0.62 points for Dhading and 0.53 points for Sindhupalchowk. The largest differences between the two districts can be seen in water supply and sanitation (latrines), which Dhading ranked significantly lower. In terms of the variation in responses, Dhading had significantly higher variation than in Sindhupalchowk with a variation coefficient of 50 per cent or more for all categories, while the variation coefficients for Sindhupalchowk were all less than 50 per cent.

**Figure 16: Was the support you received adequate? (Q32)**  
 (1 = Not at all; 2 = To a minor degree; 3 = Somewhat; 4 = Very much; 5 = Completely)

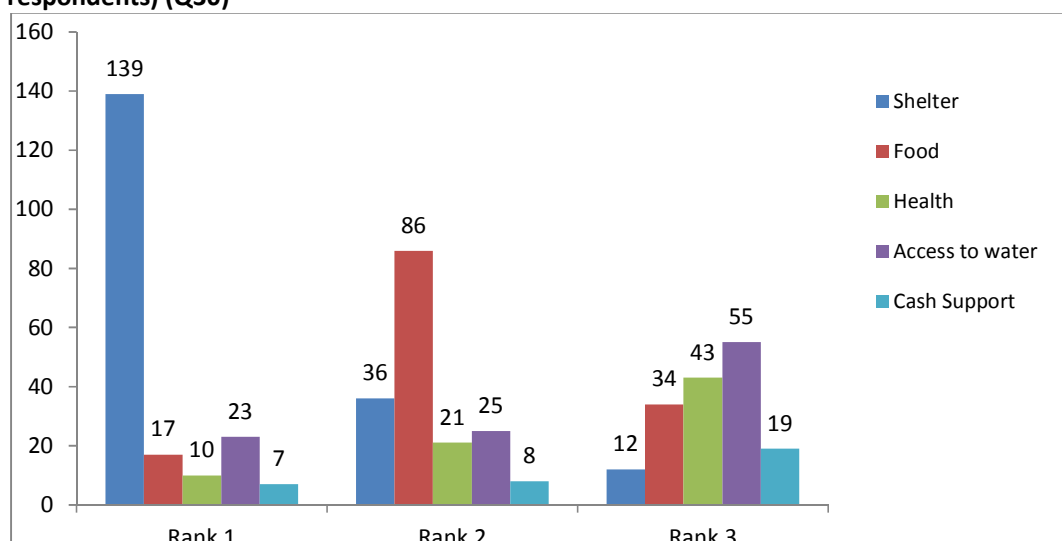


Respondents in general did not feel that they had been consulted over their needs after the earthquake or had been involved in activities undertaken in their communities (Figures 37 and 38). Only 30 per cent of respondents in Dhading and 51 per cent in Sindhupalchowk had been involved in the design of 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.



When asked to rank in order their priority needs, respondents overwhelmingly ranked shelter, food, access to water and health as their top priorities (Figure 39). This aligns well with the responses to the question over how respondents were affected by the earthquake in which house fully damaged, water supply damaged and lack of food were the items mentioned by the highest number of respondents. Shelter was noted as the main need with 139 out of 200 respondents listing it as their first priority. Food was the second priority with 103 respondents listing it as their first or second priority. Access to water followed by health were the priorities listed after shelter and food. Psychosocial support/counselling, Protection from GBV and violence in the family, reunification of separated children and protection of children against trafficking or abuse were the lowest ranked priorities (Table 10).

**Figure 19: Top Five Major Needs after the Earthquake ranked in order of priority (number of respondents) (Q30)**



**Table 7: Major Needs after the Earthquake Ranked from 1 to 15 (Quartiles) (Q30)**

Rank	Needs after the Earthquake	Q1	Q2	Q3	Q4
1	Shelter	1	1	2	11
2	Food	2	2	4	15
3	Access to water	3	3	4	15
4	Health	3	4	5	10
5	Cash Support	4	6	8	14
6	Sanitation (latrines)	5	6	7	14
7	Work/livelihoods	5	8	9	15
8	Information over assistance	6	7	8	15
9	Messages over EQ safety	7	8	9	14
10	Education	8	10	13	15
11	Protection of children against trafficking or abuse	10	11	12	15
12	Reunification of separated children	11	12	14	15
13	Protection GBV / violence in the family	11	12	13	15
14	Psychosocial support/ counselling	11	13	14	15
15	Other	n/a	n/a	n/a	15

Regarding the different kits and specific materials, in Sindhupalchowk respondents used between most and all of the items in all of the support provided (hygiene, water and education kits and health and nutrition items) (Table 11). In Dhading respondents used between most and all of the items in the hygiene, water and education kits and between a few and most of the health and nutrition supplies. In Sindhupalchowk someone explained how to use most or all of the items, while in Dhading only between a few and most of the items was explained how to use. The education kits were the most familiar to respondents, while the health and nutrition items were the least familiar in both districts.

**Table 8: Support Provided (Water kits, Hygiene kits, Health materials, Nutrition supplies, Education kits) (Q33, Q34, Q35, Q36, Q37)<sup>23</sup>**

(4 = All items; 3 = Most items; 2 = A few items; 1 = None of the items)

Type of Assistance		Dhading	Sindhupalchowk	Total
Water kits	Was it familiar to you?	3.31	2.70	2.96
	Did you know how to use it?	3.16	2.53	2.80
	Did someone explain to you how to use it?	2.62	3.57	3.18
	Did you use it?	3.35	3.76	3.59
Hygiene kits	Was it familiar to you?	3.24	2.98	3.09
	Did you know how to use it?	3.14	2.80	2.94
	Did someone explain to you how to use it?	2.43	3.44	3.03
	Did you use it?	3.12	3.71	3.46
Health materials	Was it familiar to you?	2.37	2.55	2.49
	Did you know how to use it?	2.29	2.54	2.46
	Did someone explain to you how to use it?	2.37	3.74	3.29
	Did you use it?	2.63	3.28	3.06
Nutrition (Vitamin A, micronutrient powder, IFA tablet)	Was it familiar to you?	1.97	2.78	2.53
	Did you know how to use it?	2.07	2.62	2.45
	Did someone explain to you how to use it?	2.48	3.56	3.24
	Did you use it?	2.71	3.29	3.12
Education kits	Was it familiar to you?	3.80	3.08	3.31
	Did you know how to use it?	3.74	3.07	3.28
	Did someone explain to you how to use it?	2.68	3.23	3.06
	Did you use it?	3.39	3.53	3.49

<sup>23</sup> In Table 11 values 3.00 and greater are highlighted in green, values between 2.99 and 2.00 are highlighted in yellow, and values less than 2.00 are highlighted in red.

Additional tables and figures for the analysis of Appropriateness

Table 9: To what extent did the support provided suit the different needs of women/girls, men/boys, the disabled, and the elderly<sup>24</sup> (Q22, Q23, Q25, Q28)

Type of assistance	1 = Not at all; 2 = To a minor degree; 3 = Somewhat; 4 = Very Much; 5 = Completely											
	Women and girls			Men and boys			Disabled (13 HH)			Elderly (73 HH)		
	Dhading	Sindhupalchowk	Total	Dhading	Sindhupalchowk	Total	Dhading	Sindhupalchowk	Total	Dhading	Sindhupalchowk	Total
Education for Health	2.42	2.73	2.58	2.12	2.62	2.39	1.67	1.67	1.67	1.60	2.24	1.94
Vaccination support	1.69	2.35	2.05	1.30	2.14	1.76	1.00	2.00	1.40	n/a	n/a	n/a
Awareness on trafficking	1.91	2.68	2.32	1.46	2.38	1.94	1.67	2.40	2.00	1.08	2.04	1.56
Water kit	2.69	3.37	3.05	2.48	3.20	2.86	2.00	2.75	2.30	2.24	3.09	2.67
Hygiene kit	2.71	3.43	3.09	2.58	3.37	2.99	2.00	2.86	2.46	2.42	3.17	2.81
School kit	2.39	3.49	2.95	2.10	3.38	2.77	1.50	2.75	2.00	n/a	n/a	n/a
School clothes	2.28	3.54	2.92	2.08	3.32	2.74	1.50	2.80	2.09	n/a	n/a	n/a
Psychosocial Support and Counselling	2.03	2.57	2.28	1.99	2.34	2.16	1.60	2.67	2.00	1.48	2.19	1.78
Blankets or nets	2.95	3.23	3.09	2.91	3.22	3.07	2.17	3.00	2.58	2.77	3.09	2.93
Cash	2.60	2.39	2.50	2.31	2.33	2.32	1.83	2.67	2.25	2.40	2.00	2.22
Breastfeeding and Nutrition Practices	1.42	2.61	1.97	n/a	n/a	n/a	1.00	2.00	1.50	1.04	1.95	1.45
<b>Minimum</b>	<b>1.42</b>	<b>2.35</b>	<b>1.97</b>	<b>1.30</b>	<b>2.14</b>	<b>1.76</b>	<b>1.00</b>	<b>1.67</b>	<b>1.40</b>	<b>1.04</b>	<b>1.95</b>	<b>1.45</b>
<b>Maximum</b>	<b>2.95</b>	<b>3.54</b>	<b>3.09</b>	<b>2.91</b>	<b>3.38</b>	<b>3.07</b>	<b>2.17</b>	<b>3.00</b>	<b>2.58</b>	<b>2.77</b>	<b>3.17</b>	<b>2.93</b>
<b>AVERAGE</b>	<b>2.27</b>	<b>2.94</b>	<b>2.60</b>	<b>2.13</b>	<b>2.82</b>	<b>2.48</b>	<b>1.62</b>	<b>2.48</b>	<b>2.02</b>	<b>1.89</b>	<b>2.49</b>	<b>2.17</b>

<sup>24</sup> Values have been highlighted on a scale from green to red, with green representing higher values and red representing lower values.

**Table 10: Suitability of support for different needs combined by sector (Q22, Q23, Q25, Q28)<sup>25</sup>**

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

Type of Assistance*	Women and girls			Men and boys			Disabled (13 HH)			Elderly (73 HH)		
	Dhading	Sindhupalchowk	Total	Dhading	Sindhupalchowk	Total	Dhading	Sindhupalchowk	Total	Dhading	Sindhupalchowk	Total
Health	2.09	2.55	2.34	2.11	2.63	2.39	1.33	1.86	1.53	1.60	2.24	1.94
Child Protection	2.70	3.40	3.07	1.79	2.61	2.22	1.82	2.71	2.23	1.88	2.53	2.19
WASH	2.33	3.51	2.94	2.02	2.83	2.45	2.00	2.82	2.39	2.33	3.13	2.74
Education	2.35	2.88	2.61	2.36	3.37	2.89	1.50	2.78	2.05	n/a	n/a	n/a
Cash	2.60	2.39	2.50	2.91	3.22	3.07	1.83	2.67	2.25	2.40	2.00	2.22
Nutrition	1.42	2.61	1.97	n/a	n/a	n/a	1.00	2.00	1.50	1.04	1.95	1.45

\*Support included in each sector includes: Health (education for health and vaccination support); Child Protection (awareness on trafficking, psychosocial support and counselling, and blankets or nets); WASH (water and hygiene kits); Education (school kit and school clothes); Nutrition (breastfeeding and nutrition practices)

**Variation Coefficients (Table 12):**

Type of assistance	Women and girls		Men and boys		Disabled (13 HH)		Elderly (73 HH)	
	Dhading	Sindhupalchowk	Dhading	Sindhupalchowk	Dhading	Sindhupalchowk	Dhading	Sindhupalchowk
Education for Health	48%	30%	52%	33%	49%	69%	58%	29%
Vaccination support	71%	41%	54%	42%	0%	58%	n/a	n/a
Awareness on trafficking	65%	35%	56%	29%	62%	37%	26%	39%
Water kit	43%	22%	46%	22%	63%	46%	57%	22%
Hygiene kit	43%	20%	43%	23%	63%	31%	49%	24%
School kit	58%	22%	61%	25%	82%	46%	n/a	n/a
School clothes	63%	23%	64%	27%	82%	39%	n/a	n/a
Psychosocial Support and Counselling	56%	34%	55%	37%	56%	57%	56%	34%
Blankets or nets	42%	24%	40%	25%	61%	37%	43%	30%
Cash	43%	43%	49%	45%	54%	39%	50%	45%
Breastfeeding and Nutrition Practices	70%	34%	n/a	n/a	0%	58%	20%	44%

**Variation Coefficients (Table 13):**

Type of Assistance	Women and girls		Men and boys		Disabled (13 HH)		Elderly (73 HH)	
	Dhading	Sindhupalchowk	Dhading	Sindhupalchowk	Dhading	Sindhupalchowk	Dhading	Sindhupalchowk

<sup>25</sup> Values have been highlighted on a scale from green to red, with green representing higher values and red representing lower values.



Health	59%	36%	53%	33%	49%	58%	58%	29%
Child Protection	43%	21%	63%	40%	59%	39%	62%	38%
WASH	60%	23%	56%	28%	60%	35%	53%	23%
Education	55%	31%	51%	24%	78%	39%	n/a	n/a
Cash	43%	43%	40%	25%	54%	39%	50%	45%
Nutrition	70%	34%	n/a	n/a	0%	58%	20%	44%

#### Variation Coefficients (Figure 36, Q32)

Type of assistance	Dhading	Sindhupalchowk
Education	50%	26%
Health	50%	26%
Prevention child trafficking	64%	29%
Psychosocial support/ counselling	54%	34%
Water supply	57%	30%
Sanitation (latrines)	54%	30%
Nutrition	53%	45%

#### Variation Coefficient (Table 9, Q26)

Dhading	41%
Sindhupalchowk	36%

#### Variation Coefficients (Table 11, Q33, Q34, Q35, Q36, Q37)

Type of Assistance		Dhading	Sindhupalchowk
Water kits	Was it familiar to you?	50%	40%
	Did you know how to use it?	48%	31%
	Did someone explain to you how to use it?	51%	52%
	Did you use it?	50%	47%
Hygiene kits	Was it familiar to you?	50%	44%
	Did you know how to use it?	45%	39%
	Did someone explain to you how to	51%	54%

	use it?		
	Did you use it?	47%	55%
Health materials	Was it familiar to you?	36%	35%
	Did you know how to use it?	32%	37%
	Did someone explain to you how to use it?	42%	51%
	Did you use it?	35%	49%
Nutrition support	Was it familiar to you?	35%	48%
	Did you know how to use it?	39%	36%
	Did someone explain to you how to use it?	45%	55%
	Did you use it?	44%	52%
Education kits	Was it familiar to you?	49%	49%
	Did you know how to use it?	49%	44%
	Did someone explain to you how to use it?	63%	55%
	Did you use it?	68%	58%

**Missing values:** The level of missing values in the questions related to Appropriateness is low. Sindhupalchowk has higher percentage of missing data particularly for question 31 on the implementation or design of activities in the community meaning that possibly the people answering the questionnaire were not aware when the activities were being implemented.

Don't know/ Not applicable (DKNA)	Dhading			Sindhupalchowk			Total		
	Total	DKNA	Per cent	Total	DKNA	Per cent	Total	DKNA	Per cent
Q20	100	7	7%	100	15	15%	200	22	11%
Q21	23	0	0%	10	0	0%	33	0	0%
Q24	100	0	0%	100	0	0%	200	0	0%
Q26	100	9	9%	100	13	13%	200	22	11%
Q27	100	0	0%	100	0	0%	200	0	0%
Q29	100	5	5%	100	13	13%	200	18	9%
Q31	100	2	2%	100	20	20%	200	22	11%

## CONNECTEDNESS

In general respondents feel that they are to a minor degree more prepared at the household level to face another disaster of a similar scale than before the earthquake (Table 14). Respondents in Dhading feel more prepared than those in Sindhupalchowk, ranking themselves slightly less than somewhat more prepared at the household level, while in Sindhupalchowk respondents rated their preparedness now as the same or only slightly more prepared.

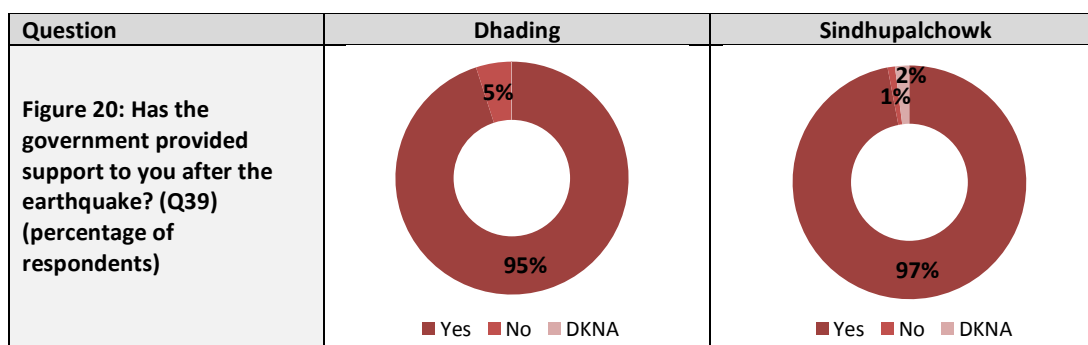
It is apparent that the government provided support to respondents as they overwhelmingly, in Dhading 95 per cent and in Sindhupalchowk 97 per cent, responded that they had received support from the government (Figure 40). However, this support was not seen as sufficient to address their needs, with 65 per cent of respondents in Dhading and 75 per cent in Sindhupalchowk stating that the government support was not enough (Figure 41). Plans for rebuilding infrastructure or plans for permanent structures to replace temporary ones were known to less than half of the respondents in both of the districts, 42 per cent in Dhading and 46 per cent in Sindhupalchowk (Figure 42).

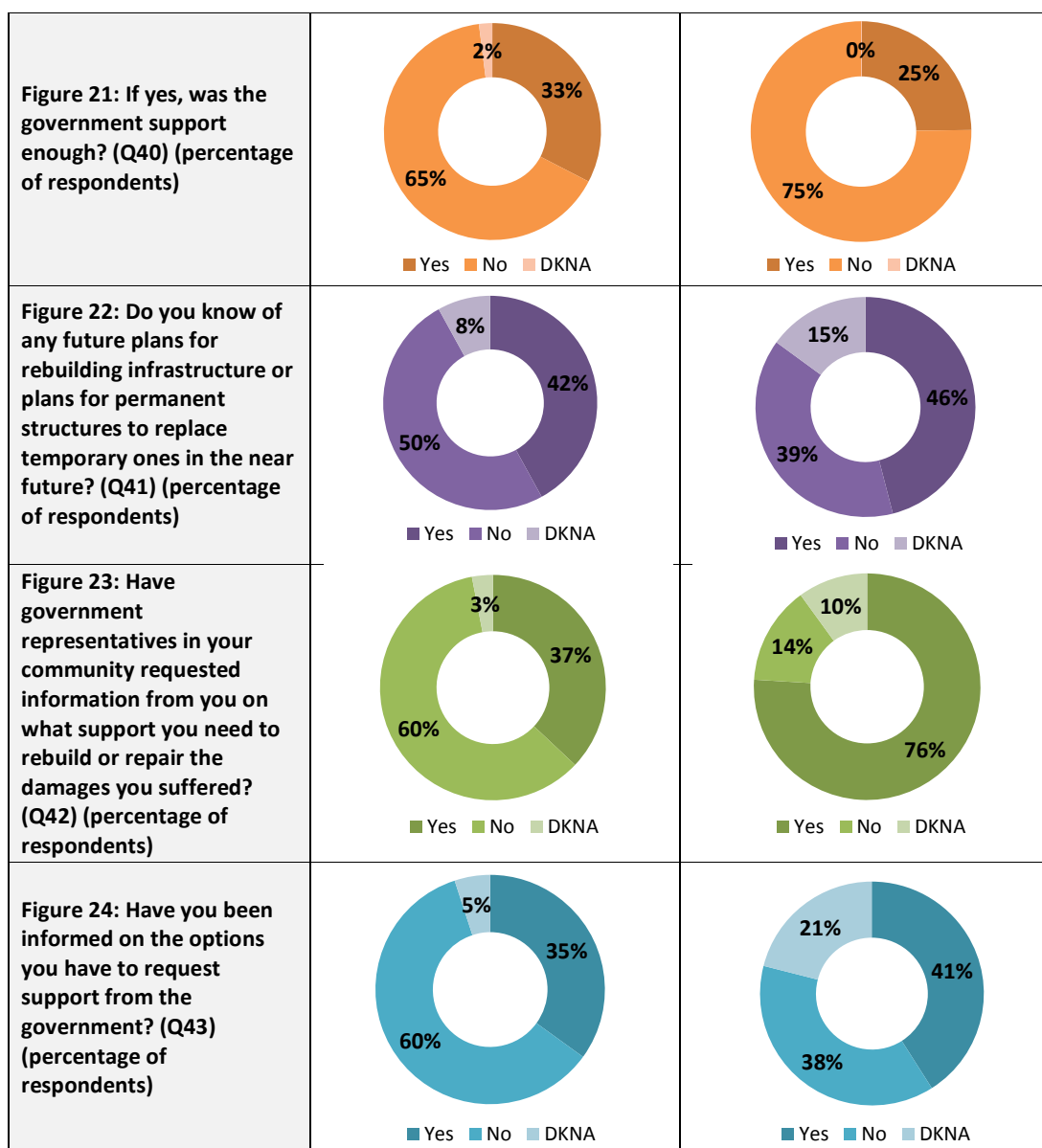
The government in Sindhupalchowk seems to have been more active in requesting information of support needed from respondents than the government in Dhading. There was a large difference between Dhading and Sindhupalchowk regarding whether government representatives requested information for support needed to rebuild or repair damages suffered, with only 37 per cent of respondents in Dhading responding affirmatively versus 76 per cent in Sindhupalchowk (Figure 43). In terms of knowledge over options to request support from the government, respondents in general had not been informed, with only 35 per cent of respondents in Dhading and 41 per cent of respondents in Sindhupalchowk responding positively (Figure 44).

**Table 11: Improved preparedness at the household level for another disaster (Q38)**

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

Dhading	2.76
Sindhupalchowk	1.63
Total	2.20





**Variation Coefficient (Table 14, Q38)**

Dhading	32%
Sindhupalchowk	62%

**Missing values:** The level of missing values in the questions related to Connectedness is low. Sindhupalchowk had a higher percentage of missing data particularly for question 43 on if they have been informed on options to request support from the government.

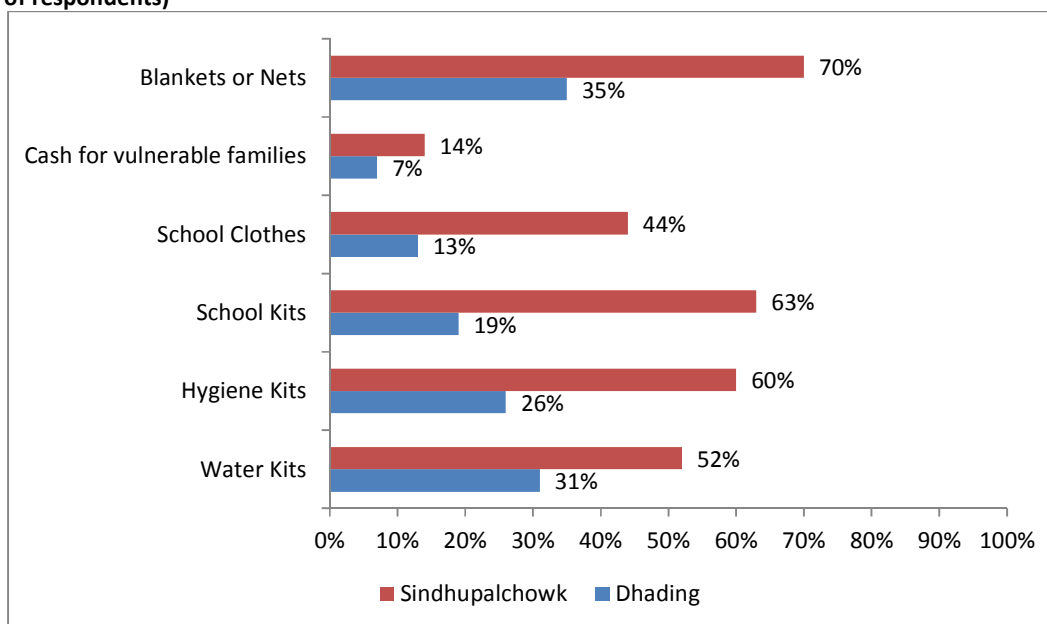
Don't know/ Not applicable (DKNA)	Dhading			Sindhupalchowk			Total		
	Total	DKNA	Per cent	Total	DKNA	Per cent	Total	DKNA	Per cent
Q38	100	5	5%	100	9	9%	200	14	7%
Q39	100	0	0%	100	2	2%	200	2	1%
Q40	95	2	2%	97	0	0%	192	2	1%
Q41	100	8	8%	100	15	15%	200	23	12%

Q42	100	3	3%	100	10	10%	200	13	7%
Q43	100	5	5%	100	21	21%	200	26	13%

## COORDINATION

Duplication was present in all types of support in both districts. In Sindhupalchowk respondents received support from more than one source at higher levels than in Dhading for all types of support provided (water, hygiene and school kits, school clothes, cash for vulnerable families, and blankets/nets). The highest levels of duplication were found in the distribution of blankets/nets (Sindhupalchowk 70 per cent, Dhading 35 per cent), hygiene kits (Sindhupalchowk 60 per cent, Dhading 26 per cent) and water kits (Sindhupalchowk 52 per cent, Dhading 31 per cent). Cash for vulnerable families had the lowest level of duplication for both districts (Sindhupalchowk 14 per cent, Dhading 7 per cent).

**Figure 25: Support received by more than one NGO and/or the government (Q44) (percentage of respondents)**



**Missing values:** Regarding the missing values there are certain types of support for which the respondents clearly have less knowledge on the source of the assistance these being these the hygiene kits, school clothes and school kits. This could be because these materials were received directly by the school or health centre and then distributed to respondents.

Don't know/ Not applicable (DKNA)	Dhading			Sindhupalchowk			Total		
	Total	DKNA	Per cent	Total	DKNA	Per cent	Total	DKNA	Per cent
Blankets or nets	100	12	12%	100	2	2%	200	14	7%
Cash for vulnerable families	100	15	15%	100	5	5%	200	20	10%
School clothes	100	32	32%	100	23	23%	200	55	28%
School kits	100	27	27%	100	27	27%	200	54	27%
Hygiene kits	100	32	32%	100	42	42%	200	74	37%
Water kits	100	10	10%	100	2	2%	200	12	6%

## COVERAGE

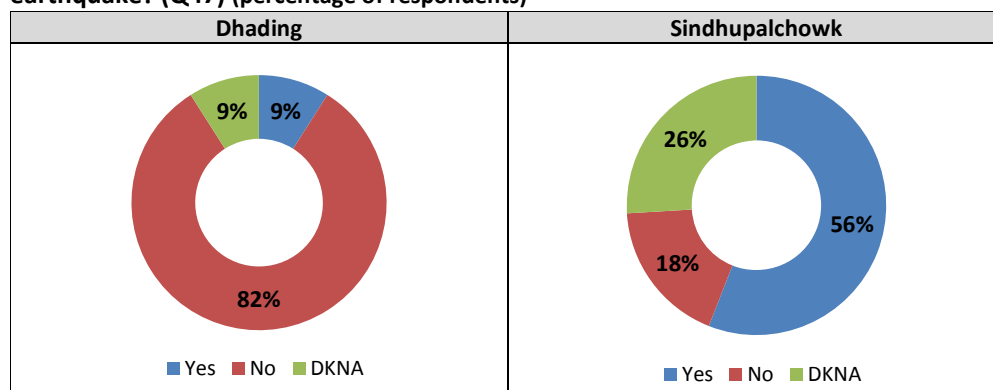
Respondents were overall unaware of groups that did not receive support. Only 11 per cent of respondents in Dhading and three per cent of respondents in Sindhupalchowk knew of any groups which had not received support (Table 15). Of these, four were due to being located in a hard to reach area, three were due to being displaced and two were due to political affiliation.

There was a large difference between the districts in terms of the availability of Child Friendly Spaces (Figure 46). In Dhading only nine per cent of respondents replied that a CFS had been created in their community while 56 per cent of respondents in Sindhupalchowk had access to a CFS after the earthquake. However, of those with access to a CFS, respondents in both districts were quite positive over their helpfulness, rating them between somewhat and very much helpful in terms of providing psychosocial support and recreation materials for children (Figure 47).

**Table 12: Do you know of any groups that did not receive support? (Q45, Q46) (number of respondents)**

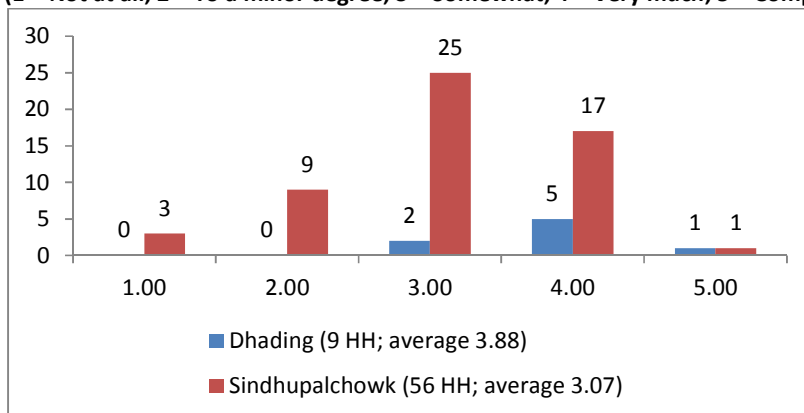
District	Per cent of total	Located in hard to reach area	Displaced population	Political affiliation
Dhading	11%	3	3	2
Sindhupalchowk	3%	1	0	0
Total	7%	4	3	2

**Figure 26: Was there a Child Friendly Space created in your community after the earthquake? (Q47) (percentage of respondents)**



**Figure 27: If yes, to what extent was the CFS useful in providing psychosocial support & recreation materials for children? (Q48) (number of respondents)**

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



**Variation Coefficient (Figure 47, Q48)**

Dhading	17%
Sindhupalchowk	29%

**Missing values:** Even though only three per cent of the respondents in Sindhupalchowk knew of someone who did not receive assistance, it is worth noting that 25 per cent of them did not know the answer to this question. Regarding availability of a CFS in the community, in Sindhupalchowk 26 per cent of respondents chose do not know or not applicable. One reason could be that they did not have children in the household that would use the CFS.

Don't know/ Not applicable (DKNA)	Dhading			Sindhupalchowk			Total		
	Total	DKNA	Per cent	Total	DKNA	Per cent	Total	DKNA	Per cent
Q45	100	11	11%	100	25	25%	200	36	18%
Q47	100	9	9%	100	26	26%	200	35	18%
Q48	9	0	0%	56	0	0%	65	0	0%

## EFFICIENCY

In general respondents in both districts viewed support as being provided a little late (Table 16, Figure 48). Overall, respondents in Sindhupalchowk felt that the support came slightly later than respondents in Dhading. Education assistance was seen as being provided much later in Sindhupalchowk than in Dhading. Cash assistance and C4D assistance, particularly in Sindhupalchowk, received the lowest scores. Cash assistance support for protection was ranked as the latest support provided. However, the average of the other assistance provided in Child Protection was rated slightly higher than the other sectors in terms of timeliness. In general, except for the cases of cash assistance and C4D, there were no large differences in the average timeliness of the assistance provided in each sector. The variation in the responses in the two districts was not overall large, with an average of 26 per cent variation coefficient for both districts.

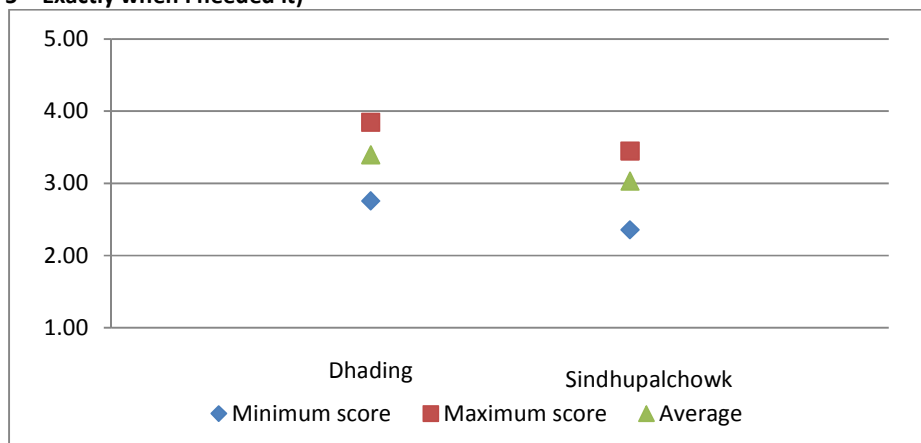
**Table 13: Timeliness of support received (Q49)<sup>26</sup>**

1 = Too late to be useful; 2 = Very late; 3 =A little late; 4 = Timely Enough; 5 = Exactly when I needed it					
Sector	Assistance	Dhading	Sindhupalchowk	Total	AVERAGE
Education	School kits	3.53	2.97	3.18	3.14
	School clothes	3.69	2.88	3.15	
	Access to education	3.09	3.12	3.11	
Health and Nutrition	Vaccinations	3.85	3.29	3.39	3.26
	Breastfeeding and nutrition	3.38	3.09	3.13	
WASH	Water kits	3.54	3.34	3.42	3.27
	Hygiene kits	3.58	3.45	3.51	
	Access to water	3.12	3.08	3.10	
	Improved access to sanitation	3.03	3.06	3.05	
Cash	Cash received (social policy)	3.16	2.68	2.83	2.75
	Cash received (protection)	2.76	2.36	2.57	
	Cash (other)	3.28	2.44	2.84	
Child Protection	Blankets or nets	3.49	3.10	3.27	3.35
	Access to recreational spaces	3.80	3.30	3.36	
	Psychosocial support	3.60	3.38	3.47	
	Awareness and support for protection of children from abuse, trafficking, violence, family separation	3.72	3.16	3.28	
C4D	Information over assistance available	3.14	2.85	2.99	2.99

<sup>26</sup> In Table 16 values 3.00 and greater are highlighted in green and values less than 2.75 are highlighted in yellow.

**Figure 28: Timeliness of support received (values for all assistance) (Q49)**

(1 = Too late to be useful; 2 = Very late; 3 =A little late; 4 = Timely Enough; 5 = Exactly when I needed it)



In terms of cash assistance specifically, respondents were again more positive over the timeliness in Dhading than in Sindhupalchowk, with respondents in Dhading viewing the support as slightly less than a little late and respondents in Sindhupalchowk in general viewing the support as somewhere between very late and a little late, with cash for schooling for children the exception (Table 17). The two districts show quite a large difference in perception between them over timeliness in both the cash top up social grant and the family support. When asked over when they had received the cash support, the majority of the respondents received the assistance between the months of May and September, with cash still being distributed as of March (Table 18, Figure 50).

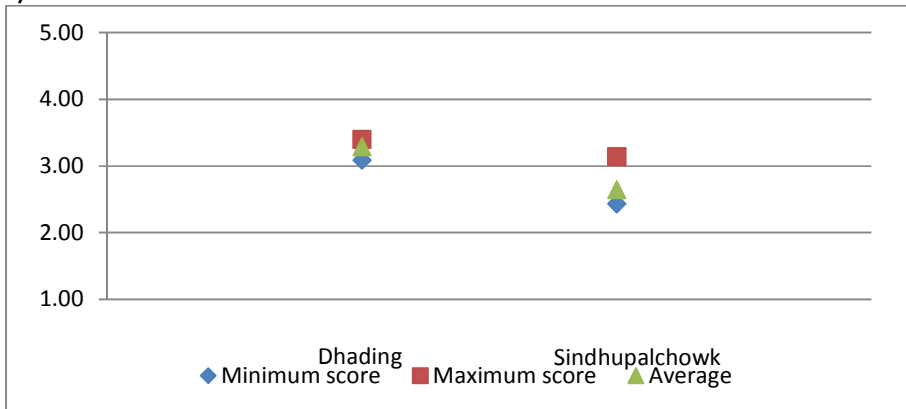
**Table 14: Timeliness of cash received for needs intended (Q50)<sup>27</sup>**

(1 = Too late to be useful; 2 = Very late; 3 =A little late; 4 = Timely Enough; 5 = Exactly when I needed it)

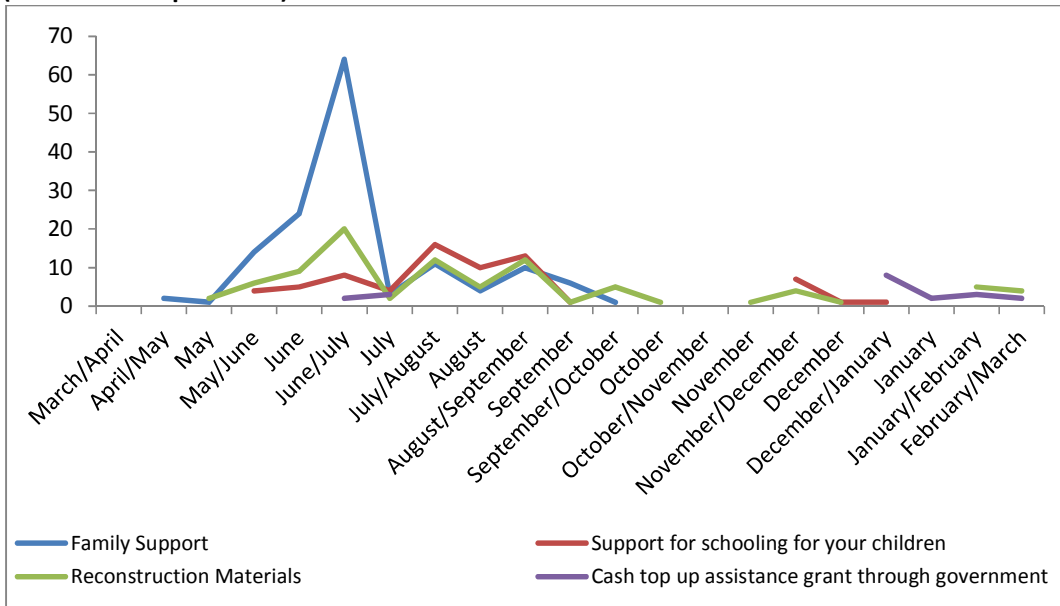
District	Family support	Schooling for children	Reconstruction materials	Cash top up social grant
Dhading	3.30	3.38	3.09	3.40
Sindhupalchowk	2.55	3.14	2.45	2.44
Total	2.90	3.18	2.74	2.97

<sup>27</sup> In Table 17 values 3.00 or greater are highlighted in green and values less than 3.00 are highlighted in yellow.

**Figure 29: Timeliness of cash assistance by district (all types of assistance) (Q50)**  
 (1 = Too late to be useful; 2 = Very late; 3 = A little late; 4 = Timely Enough; 5 = Exactly when I needed it)

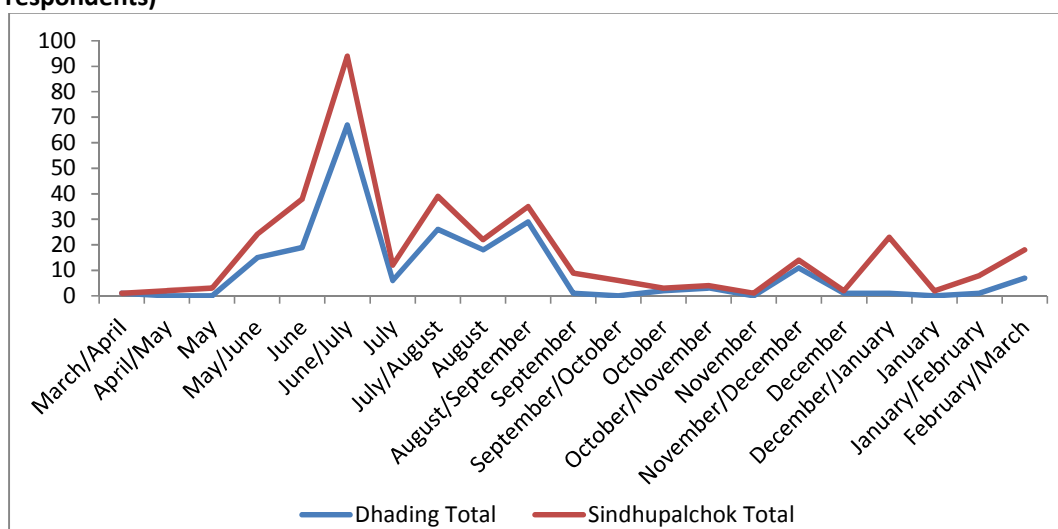


**Figure 30: Month respondents received the cash assistance (by type of assistance) (Q50)\***  
 (number of respondents)



\*As the cash top up assistance grant through the government was not distributed between January and March, some of these responses may refer to the regular social assistance programme through the government.

**Figure 31: Month respondents received the cash assistance (by district) (Q50) (number of respondents)**



**Table 15: Month respondents received the cash assistance by type of assistance (number of respondents) (Q50)**

Month Cash Received	Family Support	Support for schooling for your children	Reconstruction Materials	Cash top up assistance grant through government*	Total
March/April			1		1
April/May	2				2
May	1		2		3
May/June	14	4	6		24
June	24	5	9		38
June/July	64	8	20	2	94
July	3	4	2	3	12
July/August	11	16	12		39
August	4	10	5	3	22
August/September	10	13	12		35
September	6	1	1	1	9
September/October	1		5		6
October			1	2	3
October/November		4			4
November			1		1
November/December	2	7	4	1	14
December		1	1		2
December/January	14	1		8	23
January				2	2
January/February			5	3	8
February/March	9	3	4	2	18

\*As the cash top up assistance grant through the government was not distributed between January and March, some of these responses may refer to the regular social assistance programme through the government.

<b>Variation Coefficient of Timeliness of Assistance (Q49)</b>			
<b>Assistance</b>	<b>Dhading</b>	<b>Sindhupalchowk</b>	<b>Total</b>
School kits	20%	27%	25%
School clothes	23%	29%	29%
Access to education	29%	25%	27%
Vaccinations	23%	25%	26%
Breastfeeding and nutrition	27%	28%	28%
Water kits	22%	26%	24%
Hygiene kits	20%	24%	22%
Access to water	42%	25%	32%
Improved access to sanitation	37%	24%	28%
Cash received (social policy)	28%	26%	28%
Cash received (protection)	23%	24%	25%
Cash (other)	23%	33%	31%
Blankets or nets	23%	30%	27%
Access to recreational spaces	21%	25%	25%
Psychosocial support	42%	25%	32%
Awareness and support for protection of children from abuse, trafficking, violence, family separation	19%	18%	19%
Information over assistance available	28%	28%	28%

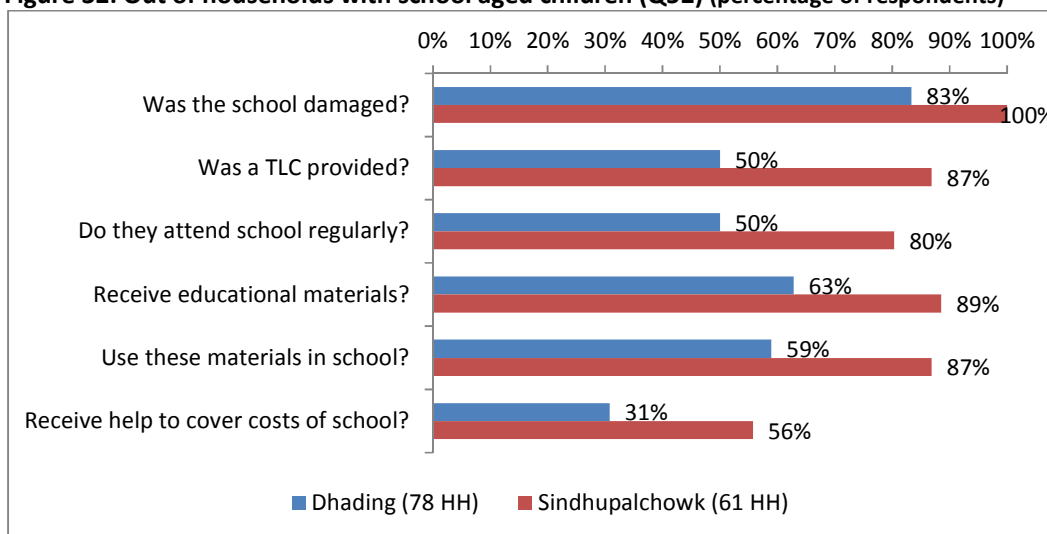
<b>Variation Coefficient: Cash Assistance (Q50)</b>	<b>Family support</b>	<b>Schooling for children</b>	<b>Reconstruction materials</b>	<b>Cash top up social grant</b>
<b>Dhading</b>	29%	19%	31%	22%
<b>Sindhupalchowk</b>	32%	23%	29%	30%
<b>Total general</b>	33%	23%	33%	30%

## EFFECTIVENESS

### Education

In general, Sindhupalchowk received a higher level of support and utilized the support received in Education more than in Dhading, with the majority of respondents in Sindhupalchowk having received and used the support while only around half of respondents in Dhading received and used the support provided (Figure 52). The majority of respondents with school age children in Dhading and all respondents Sindhupalchowk answered positively that the school in their community had been damaged. However, only 50 per cent of respondents in Dhading versus 87 per cent of respondents in Sindhupalchowk had been provided with a TLC. In addition, only 50 per cent of respondents in Dhading reported that their children were attending school regularly versus 80 per cent in Sindhupalchowk. Respondents in Dhading were less likely to have received educational materials or be using them in school. Support to cover costs of school was reported significantly lower than other support with 31 per cent of respondents in Dhading reporting having received support and 56 per cent of respondents in Sindhupalchowk.

**Figure 32: Out of households with school aged children (Q52) (percentage of respondents)**

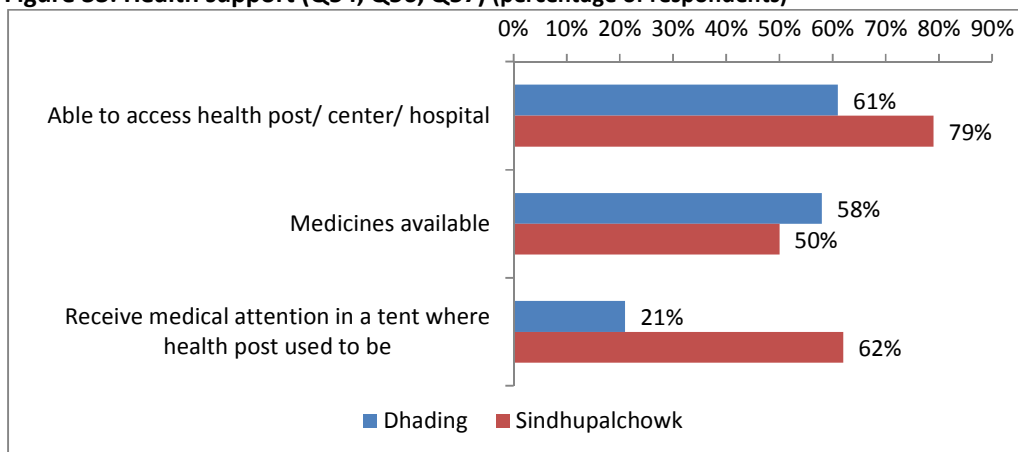


### Health

Respondents in Sindhupalchowk had relatively good access (79 per cent) and in Dhading somewhat good access (61 per cent) to a health post, health centre or hospital. Although respondents in Dhading had lower access to a health post, health centre or hospital, they were much less likely (21 per cent) than those in Sindhupalchowk (62 per cent) to have received treatment in a tent where the health post used to be (Figure 53). Only about half of respondents in both Sindhupalchowk and Dhading had access to medicines. When asked to specify their specific health needs out of 26 responses from respondents in Sindhupalchowk, 18 of them specified that they needed medicines. Other health needs included a health post and medical treatment.

In both Dhading and Sindhupalchowk, pregnant women had low levels of being able to carry out their antenatal consultations (Table 20). Of women who gave birth after the earthquake, places where they gave birth included the hospital, temporary shelter, birth centre, temporary health centre located in a TLC compound, shelter home, and health post (Figure 54).

**Figure 33: Health support (Q54, Q56, Q57) (percentage of respondents)**



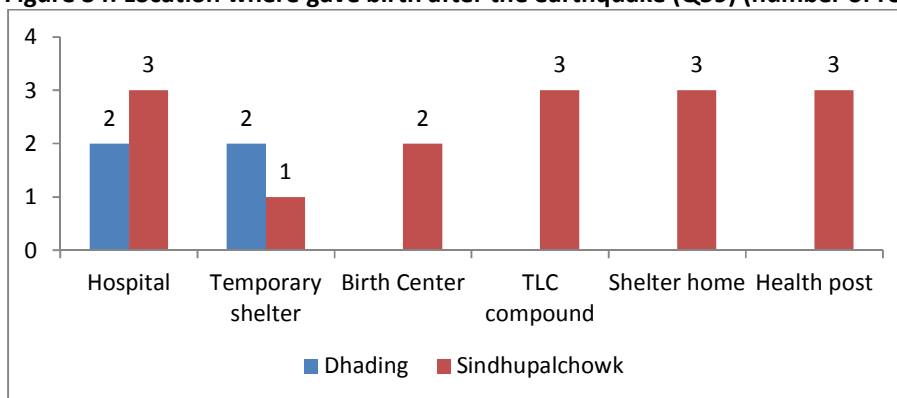
**Table 16: Specific needs in health (Q53) (number of respondents who specified need for each category)**

District	Lack of medicines	Lack of health post	Medical treatment needed
Dhading	0	0	1
Sindhupalchowk	18	4	4
<b>Total</b>	<b>18</b>	<b>4</b>	<b>5</b>

**Table 17: Were you able to carry out your antenatal consultations after the EQ? (Q58) (1 = Not at all; 2 = To a minor degree; 3 = Somewhat; 4 = Very much; 5 = Completely)**

Dhading (3 HH)	2.33
Sindhupalchowk (11 HH)	2.36

**Figure 34: Location where gave birth after the earthquake (Q59) (number of respondents)**



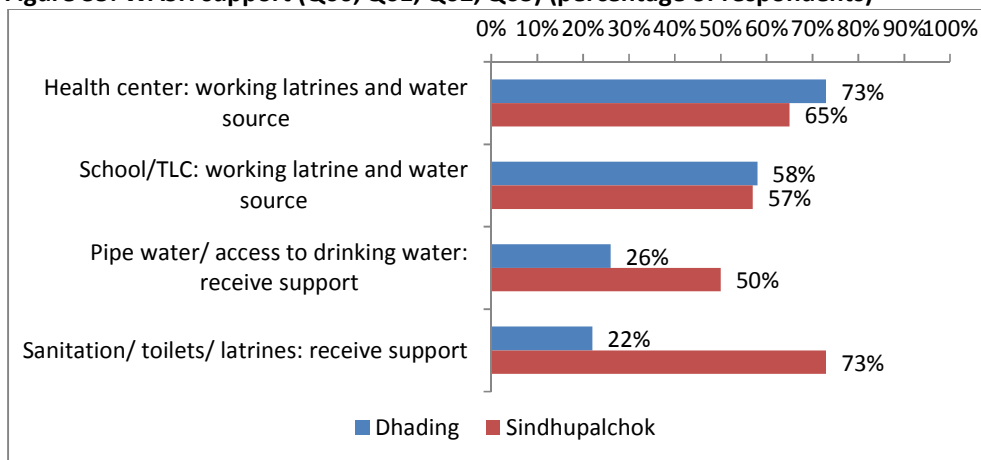
\*For TLC compound responses, the temporary health centre was located in the TLC compound in these communities.

## WASH

In general WASH showed large variations in the support received, with some large differences between the districts in support for pipe water and access to drinking water and support for sanitation, toilet and latrine improvements (Figure 55). Respondents in Dhading were

relatively more positive over working latrines and water sources in health centres and schools/TLCs. However, only 26 per cent of respondents in Dhading had received support for getting pipe water or having access to drinking water and 22 per cent for support to improve sanitation/latrines/toilets, while in Sindhupalchowk 50 per cent of respondents received support for getting pipe water or having access to drinking water and 73 per cent received support for sanitation improvements.

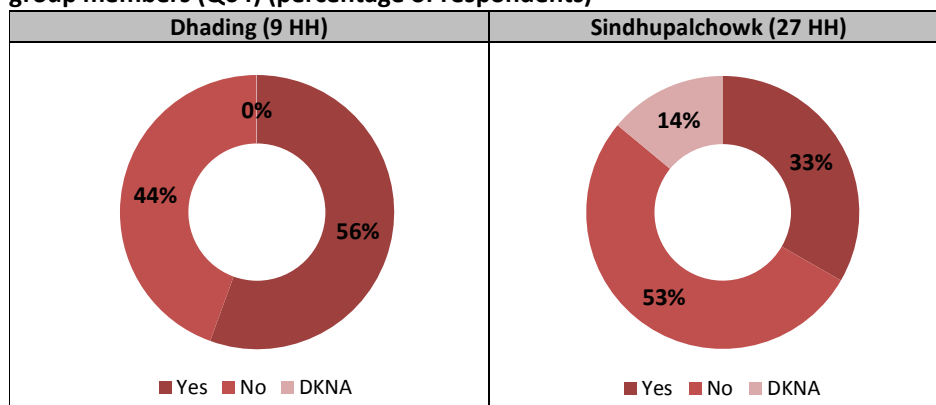
**Figure 35: WASH support (Q60, Q61, Q62, Q63) (percentage of respondents)**



**Training**

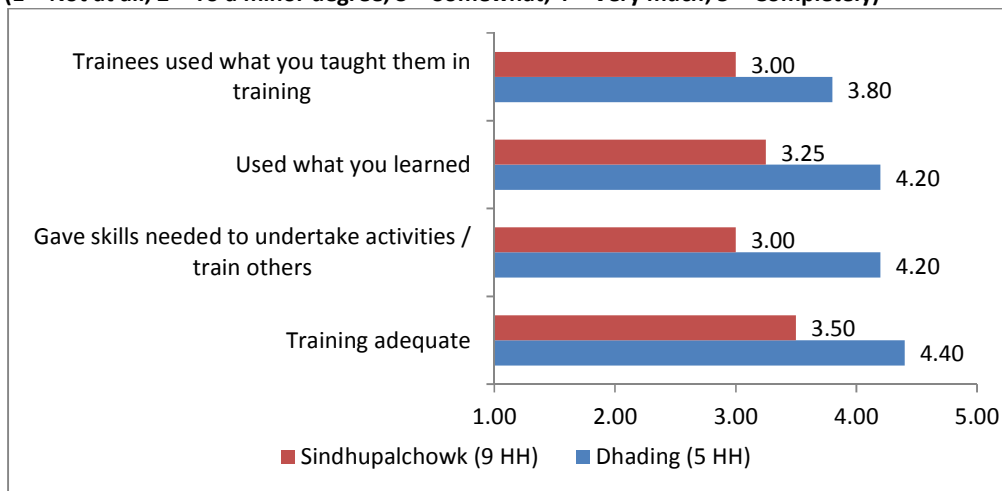
Training of teachers, women community health volunteers, and women’s group members was relatively low at 56 per cent of households in Dhading and 33 per cent of households in Sindhupalchowk who had members from one these groups (Figure 56). However, respondents who had received training were relatively positive about the training they received, with respondents from Dhading responding more positively in all categories than respondents in Sindhupalchowk (Figure 57). Training adequacy was seen as between somewhat and completely adequate. Respondents also 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.

**Figure 36: Training received by teachers, women community health volunteers, women’s group members (Q64) (percentage of respondents)**



**Figure 37: For the training received (Q65)**

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



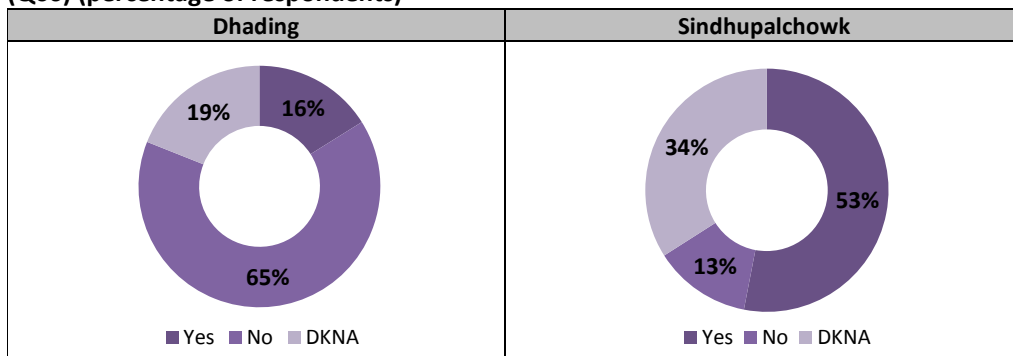
### Child Protection

Dhading was less supported with information over child protection and cash support for children than Sindhupalchowk. However, respondents in Sindhupalchowk were less positive towards the effect of the support received on reducing vulnerability to trafficking or other forms of abuse.

Information over child trafficking, violence and abuse was only received by 16 per cent of respondents in Dhading and 53 per cent of respondents in Sindhupalchowk (Figure 58). However, those respondents in Dhading who received information tended to be more positive than those in Sindhupalchowk over its effects, seeing the information as very much helpful in comparison to somewhat helpful in Sindhupalchowk in increasing their knowledge of rights and preventing family members from being trafficked (Figure 59).

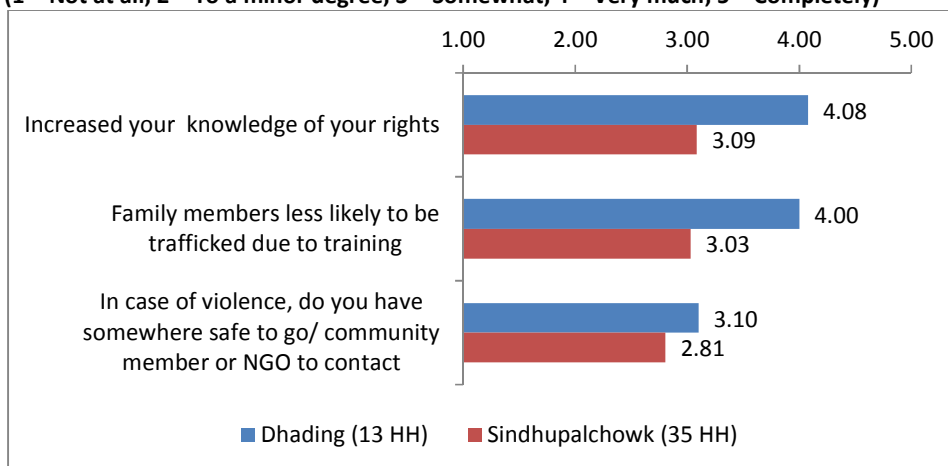
In terms of cash support for children, very few respondents received this support, five per cent in Dhading and 19 per cent in Sindhupalchowk (Figure 60). Of those that received the cash support, they mostly used it for their child’s education (80 per cent in Dhading and 95 per cent in Sindhupalchowk). However, they were less positive in 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).

**Figure 38: Information received about child trafficking and/or violence, abuse or exploitation (Q66) (percentage of respondents)**

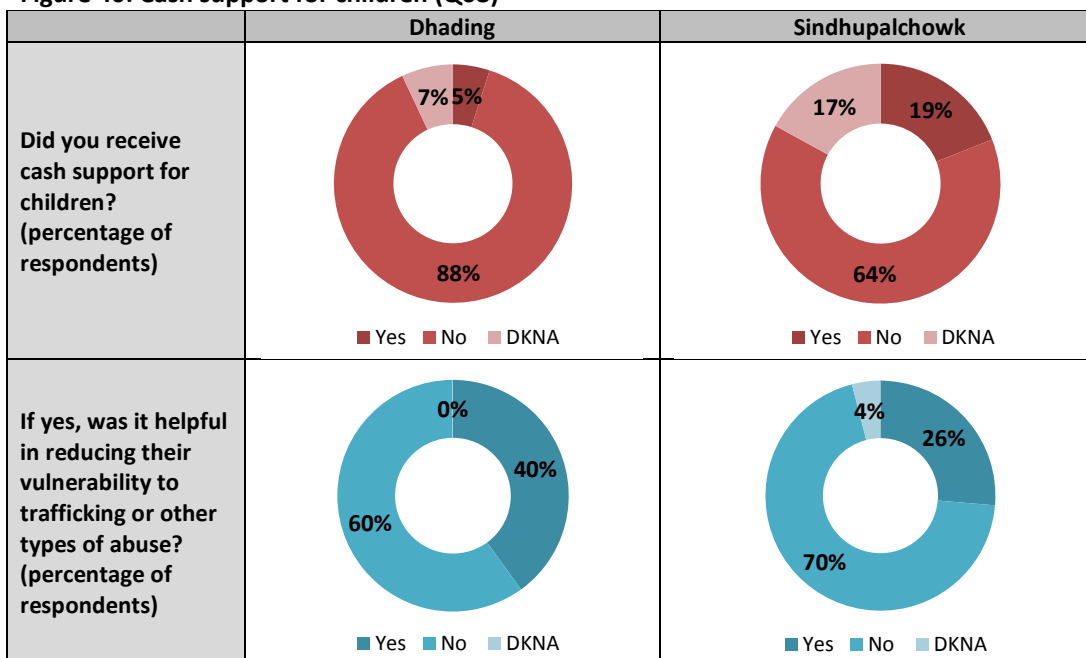


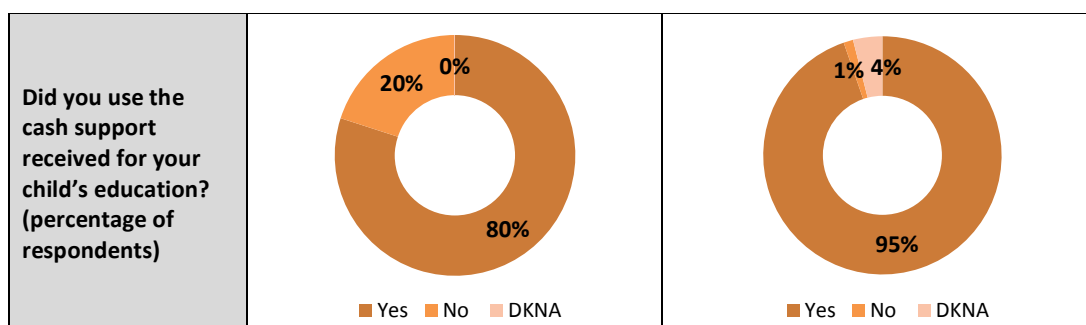
**Figure 39: For information received (Q67)**

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



**Figure 40: Cash support for children (Q68)**





**Variation Coefficients (Table 20, Q58)**

Dhading	99%
Sindhupalchowk	51%

**Variation Coefficients (Figure 57, Q65)**

	Dhading	Sindhupalchowk
Training adequate	12%	15%
Gave skills needed to undertake activities / train others	20%	18%
Used what you learned	20%	22%
Trainees used what you taught them in training	22%	19%

**Variation Coefficients (Figure 59, Q67)**

	Dhading	Sindhupalchowk
Increased your knowledge of your rights	12%	28%
Family members less likely to be trafficked due to training	10%	29%
In case of violence, do you have somewhere safe to go/ community member or NGO to contact	32%	34%

**Missing values:** Regarding the missing values there are certain types of support which the respondents may not have received or needed/ been applicable to them (i.e., do not have school age children or specific health needs).

Don't know/ Not applicable (DKNA)	Dhading			Sindhupalchowk			Total		
	Total	DKNA	Per cent	Total	DKNA	Per cent	Total	DKNA	Per cent
Q51	100	0	0%	100	1	1%	200	1	1%
Q52a	78	0	0%	61	0	0%	139	0	0%
Q52b	78	2	3%	61	4	7%	139	6	4%
Q52c	78	15	19%	61	4	7%	139	19	14%
Q52d	78	10	13%	61	3	5%	139	13	9%
Q52e	78	15	19%	61	4	7%	139	19	14%
Q52f	100	22	22%	100	31	31%	200	53	27%
Q54	100	20	20%	100	4	4%	200	24	12%
Q56	100	32	32%	100	13	13%	200	45	23%
Q57	100	19	19%	100	14	14%	200	33	17%

Q58	4	1	25%	27	16	59%	31	17	55%
Q60	100	20	20%	100	17	17%	200	37	19%
Q61	100	31	31%	100	30	30%	200	61	31%
Q62	100	6	6%	100	7	7%	200	13	7%
Q63	100	7	7%	100	4	4%	200	11	6%
Q64	9	0	0%	41	14	34%	50	14	28%
Q65a	5	0	0%	9	0	0%	14	0	0%
Q65b	5	0	0%	9	0	0%	14	0	0%
Q65c	5	0	0%	9	0	0%	14	0	0%
Q65d	5	0	0%	9	0	0%	14	0	0%
Q66	100	19	19%	100	34	34%	200	53	27%
Q67a	13	0	0%	35	0	0%	48	0	0%
Q67b	13	0	0%	35	2	6%	48	2	4%
Q67c	13	3	23%	35	4	11%	48	7	15%
Q68	100	7	7%	100	17	17%	200	24	12%
Q68a	5	0	0%	19	4	21%	24	4	17%
Q68b	5	0	0%	19	1	5%	24	1	4%

## C4D

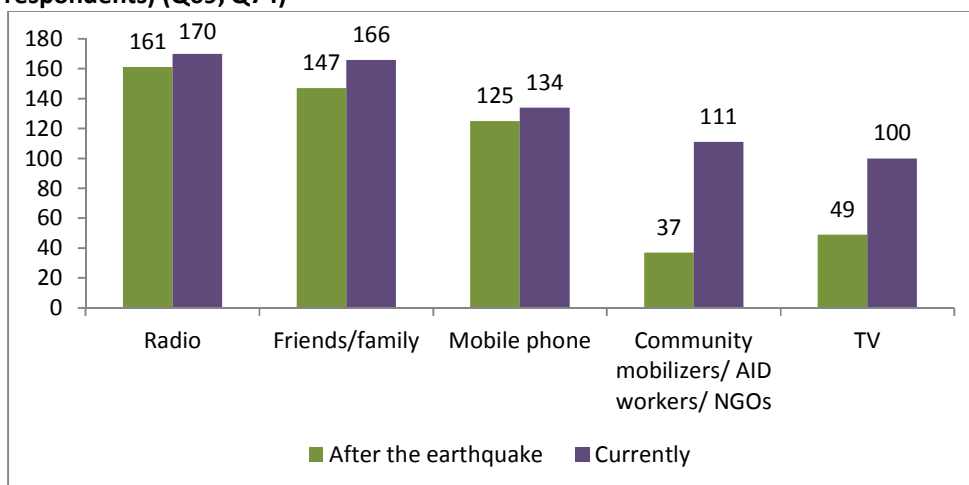
Main sources of information for respondents after the earthquake were overwhelmingly the radio, friends and family and mobile phones (calls/SMS) (Figure 61). Half of respondents rated the radio as their top source of information after the earthquake. Current sources of information remain the same with 85 per cent of respondents listing the radio, 83 per cent of respondents listing friends and family and 67 per cent listing mobile phones. Community mobilizers and the TV were listed next at 56 per cent and 50 per cent relatively.

For the most part respondents in both districts found the information they received to be reliable (80 per cent in Dhading and 91 per cent in Sindhupalchowk) (Figure 64). In Sindhupalchowk respondents rated the usefulness and helpfulness of the information as between somewhat and very much (Figure 63). In Dhading, respondents were slightly less positive, rating the helpfulness of the information as somewhat helpful and the usefulness as slightly less than somewhat useful.

In terms of obstacles in accessing information, half of respondents mentioned lack of access to newspapers and 43 per cent listed lack of internet access, while 39 per cent of respondents did not know any obstacles (Figure 65).

Of those respondents (46 in Dhading and 54 in Sindhupalchowk) that had come in contact with or been visited by an aid worker or community worker or had participated in a community event or meeting, 74 per cent of them recalled receiving news or information on the earthquake, 59 per cent on how to get shelter, 58 per cent on how to get food and water, 56 per cent on information on sanitation and hygiene, and 53 per cent on information on health and health care (Figure 67). Almost all respondents (96 per cent in Dhading and 100 per cent in Sindhupalchowk) felt the information they received from these sources was useful and reliable (Figures 68 and 69).

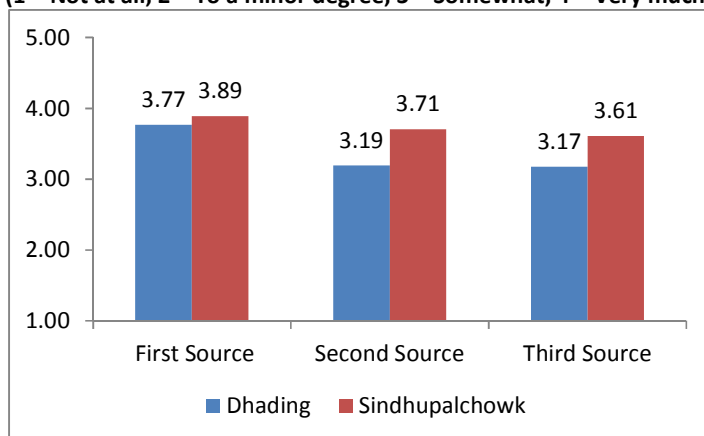
**Figure 41: Main five sources of information after the earthquake and currently (number of respondents) (Q69, Q74)**



**Table 18: What were your main sources of information immediately after the earthquake (choose top three)? (Q69)<sup>28</sup> (percentage of respondents)**

Information Source	First	Second	Third	Total
Radio	50%	23%	8%	81%
Friends/ family	29%	22%	23%	74%
Mobile phone	14%	31%	19%	63%
TV	6%	6%	13%	25%
Community mobilizers/ AID workers/ NGOs	2%	6%	11%	19%
Community/ religious leaders	0%	9%	9%	17%
Government official/ local politician	1%	1%	4%	5%
Army/ Police	0%	1%	3%	4%
Loudspeakers/ Megaphone announcements	0%	1%	3%	3%
Social Media	1%	2%	1%	3%
Newspaper/ Magazine	0%	1%	2%	2%
Internet Sites	0%	0%	2%	2%
Don't know	0%	0%	1%	1%
Email	0%	0%	0%	0%
Billboards	0%	0%	0%	0%
Posters/ Leaflets	0%	0%	0%	0%

**Figure 42: Extent to which information was received from top three sources (Q70)\* (1 = Not at all; 2 = To a minor degree; 3 = Somewhat; 4 = Very much; 5 = Completely)**



\*Top three sources based on the responses from the responses to Q69. The top three sources vary for each respondent.

**Table 19: What are your current sources of information (check all applicable)? (Q74)<sup>29</sup> (percentage of respondents)**

Information Source	Dhading	Sindhupalchowk	Total
Radio	80%	90%	85%
Friends/family	90%	76%	83%

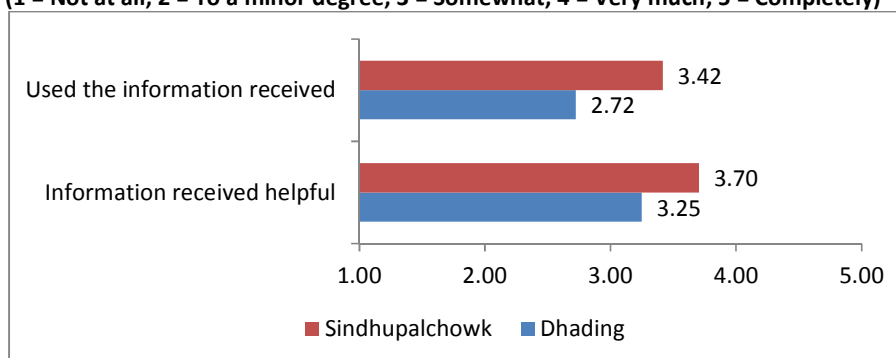
<sup>28</sup> In Table 21 values greater than 50 per cent have been highlighted in green and those between 10 and 49 per cent have been highlighted in yellow.

<sup>29</sup> In Table 22 values greater than 50 per cent have been highlighted in green and those between 25 and 49 per cent have been highlighted in yellow.

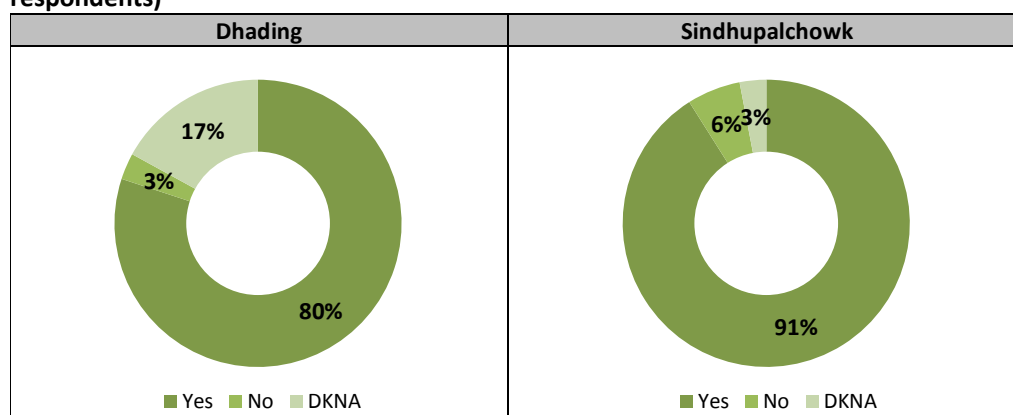
Mobile phone	72%	62%	67%
Community mobilizers/ AID workers/ NGOs	43%	68%	56%
TV	56%	44%	50%
Government official/ local politician	22%	43%	33%
Community/ religious leader	10%	53%	32%
Army/ police	2%	31%	17%
Social media	15%	8%	12%
Newspaper/magazine	14%	4%	9%
Other	9%	0%	5%
Loudspeaker/ megaphone	1%	7%	4%
Internet sites	4%	3%	4%
Posters/leaflets	4%	2%	3%
Billboards	0%	3%	2%
Email	0%	0%	0%
Don't know	0%	0%	0%

**Figure 43: For the information received (Q71, Q72)**

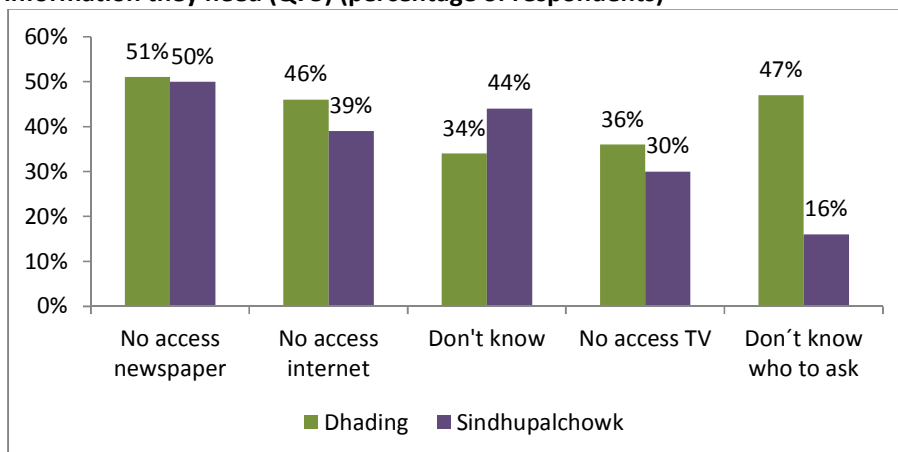
(1 = Not at all; 2 = To a minor degree; 3 = Somewhat; 4 = Very much; 5 = Completely)



**Figure 44: Did you feel the information you received was reliable? (Q73) (percentage of respondents)**



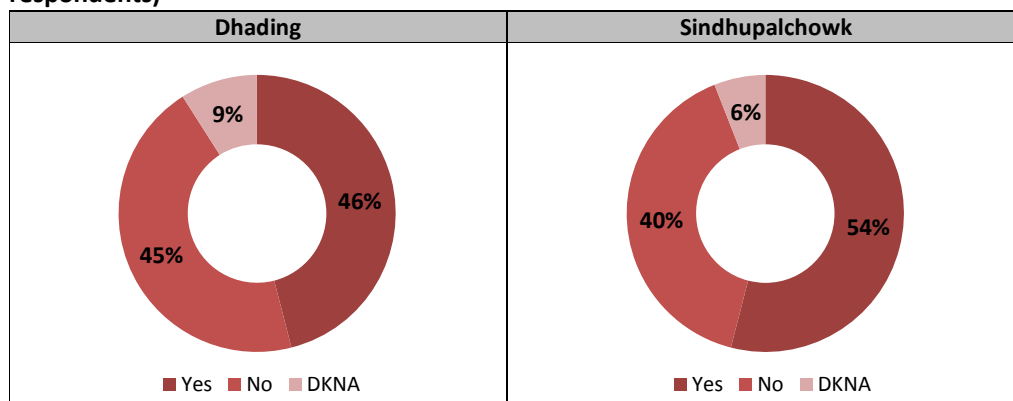
**Figure 45: Top five reasons respondents and community members unable to get the information they need (Q75) (percentage of respondents)**



**Table 20: Barriers to getting information needed for respondents and people in the community (Q75)<sup>30</sup> (percentage of respondents)**

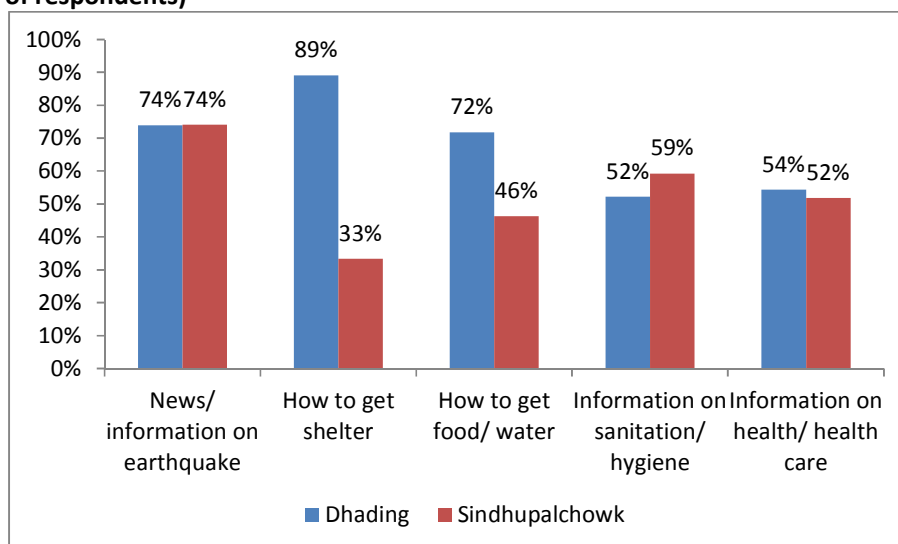
Barriers to access	Dhading	Sindhupalchowk	Total
No access newspaper	51%	50%	51%
No access internet	46%	39%	43%
Don't know	34%	44%	39%
No access TV	36%	30%	33%
Don't know who to ask	47%	16%	32%
No information available	45%	11%	28%
No electricity	13%	12%	13%
No access mobile phone	9%	15%	12%
No access radio	14%	8%	11%
Other	11%	2%	7%

**Figure 46: Have you come in contact with / been visited by an aid worker or community worker or have you participated in any community meeting/ event? (Q76) (percentage of respondents)**



<sup>30</sup> In Table 23 values 50 per cent or greater are highlighted in green and values between 25 and 49 per cent are highlighted in yellow.

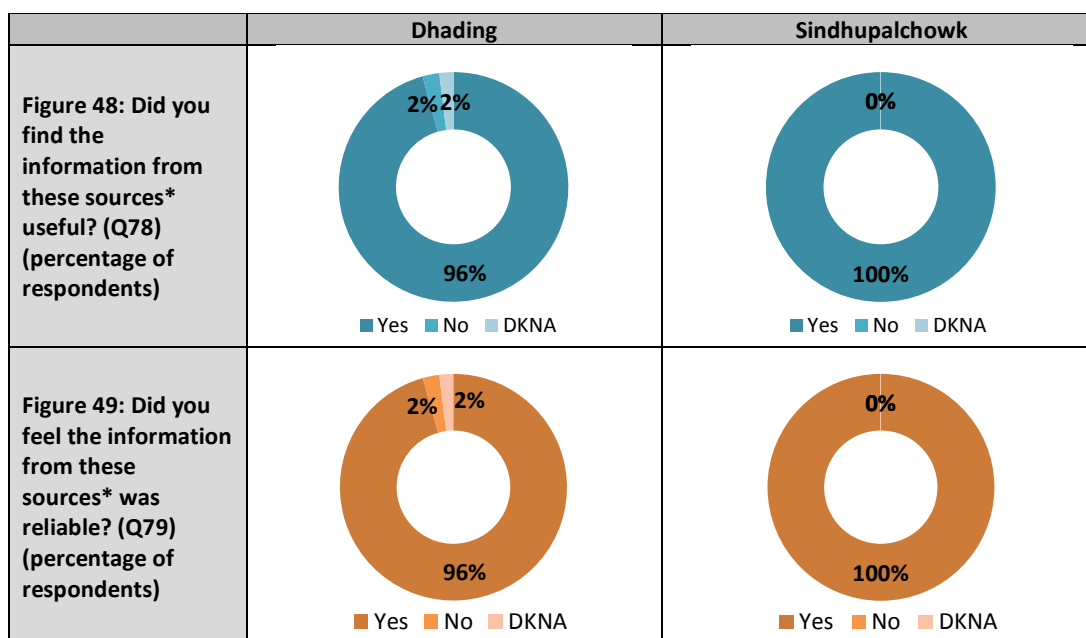
**Figure 47: Top five key types of information received from these sources (Q77) (percentage of respondents)**



**Table 21: Can you recall some of the key information that you have received related to the earthquake situation from these sources?<sup>31</sup> (Q77) (percentage of respondents)**

Key Information	Dhading	Sindhupalchowk	Total
News/ information on earthquake	74%	74%	74%
How to get shelter	89%	33%	59%
How to get food/ water	72%	46%	58%
Information on sanitation/ hygiene	52%	59%	56%
Information on health/ health care	54%	52%	53%
How to get aid	54%	39%	46%
Advice on how to deal with emotional situation	26%	54%	41%
How to get education	63%	7%	33%
How to keep women/ children safe from trafficking/ harassment/ abuse	30%	31%	31%
Information on nutrition	37%	4%	19%
Find missing people	20%	2%	10%
Don't know	4%	7%	6%
Other	0%	0%	0%

<sup>31</sup> In Table 24 values 50 per cent or greater are highlighted in green and values between 25 and 49 per cent are highlighted in yellow.



\*Sources refers to aid or community worker or community meeting/event

**Missing values:** The level of missing values in the questions related to C4D is low.

Don't know/ Not applicable (DKNA)	Dhading			Sindhupalchowk			Total		
	Total	DKNA	Per cent	Total	DKNA	Per cent	Total	DKNA	Per cent
Q70a	100	0	0%	100	1	1%	200	1	1%
Q70b	100	0	0%	100	1	1%	200	1	1%
Q70c	100	2	2%	100	1	1%	200	3	2%
Q71	100	4	4%	100	2	2%	200	6	3%
Q72	100	2	2%	100	4	4%	200	6	3%
Q73	100	17	17%	100	3	3%	200	20	10%
Q76	100	9	9%	100	6	6%	200	15	8%
Q78	46	0	0%	54	0	0%	100	0	0%
Q79	46	1	2%	54	0	0%	100	1	1%

Variation Coefficient (Q71, Q72)	Information helpful	Information useful
Dhading	26%	30%
Sindhupalchowk	21%	28%

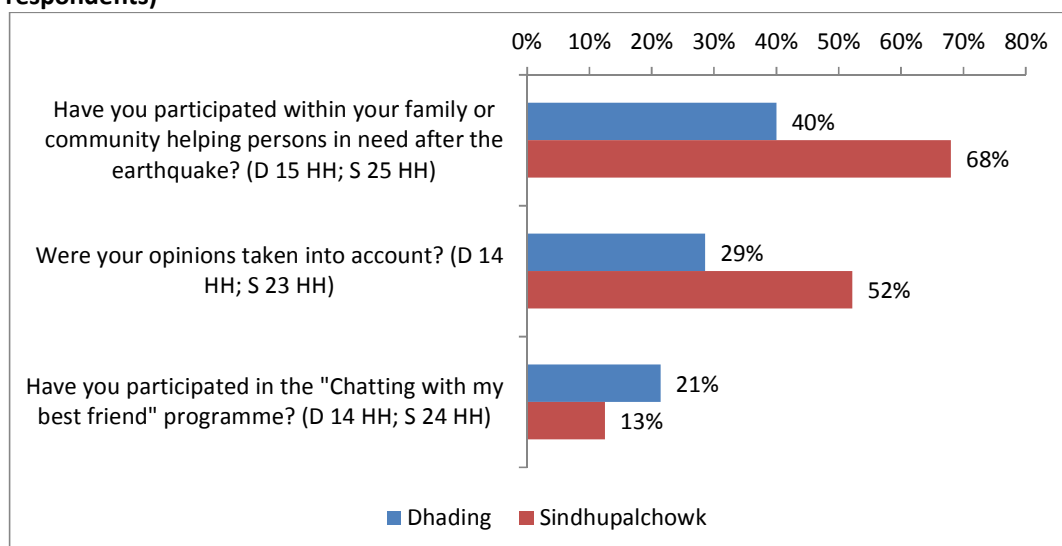
## AGE SPECIFIC INFORMATION

### 14 years to 18 years

The perceptions of adolescents ages 14 to 18 tended to be on the less positive side, rating the adequateness of the aid effort in addressing the need of their family as between to a minor degree and somewhat in Dhading and slightly less than to a minor degree in Sindhupalchowk (Table 25). Specific issues they mentioned that were not addressed but they felt were important, include hygiene and safe shelter. When asked if their opinions had been taken into account about half of respondents in Sindhupalchowk felt they had, but only 29 per cent in Dhading responded positively (Figure 70). Adolescents in Sindhupalchowk had a fairly high rate of participation, 68 per cent, within their family or community in helping persons in need, while Dhading had a slightly lower rate of 40 per cent.

Participation in the "Chatting with my best friend" programme was notably low with only 21 per cent of adolescent respondents in Dhading and 13 per cent in Sindhupalchowk having participated in it. However, those respondents who took part in the programme rated it quite high at being very useful in both districts. Topics respondents mentioned that they talked about during the programme included trafficking, gender based violence, and hygiene.

**Figure 50: Perception of support by adolescents ages 14 to 18 (Q07, Q08, Q10) (percentage of respondents)**



\*\*Of the households responding to these age group questions, 7 households did not include this age group in the ages of the household question in the respondent information section.

**Table 22: Perception of support by adolescents ages 14 to 18 (Q12, Q09) (1 = Not at all; 2 = To a minor degree; 3 = Somewhat; 4 = Very much; 5 = Completely)**

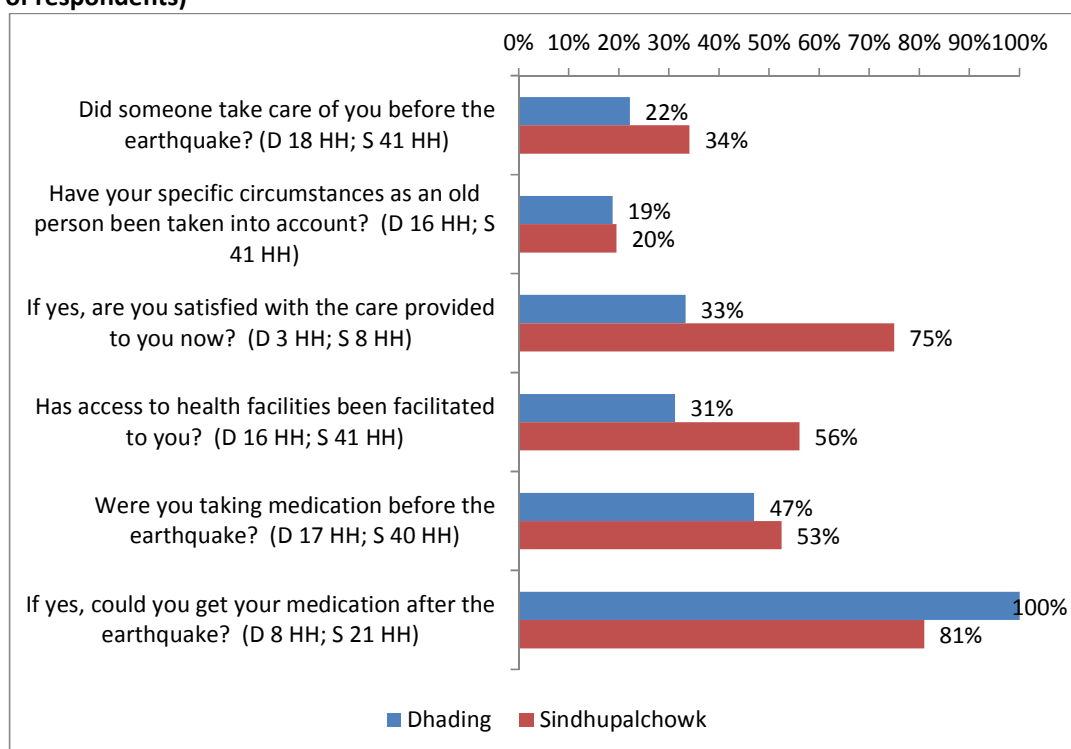
Question	Dhading	Sindhupalchowk	Total
How useful was the "Chatting with my best friend" programme? (D 3 HH; S 3 HH)	4	4	4
Do you think the aid effort has adequately addressed the needs of your family? (D 14 HH; S 24 HH)	2.42	1.82	2.07

\*\*Of the households responding to these age group questions, 7 households did not include this age group in the ages of the household question in the respondent information section.

## 60 years old and over

In general, the age group of 60 years and over was not as positive about the assistance they received and their needs being taken into account, with only around 20 per cent of respondents in both Dhading and Sindhupalchowk feeling that their specific circumstances as an older person had been taken into account. Only around a third of respondents in Dhading and a little over half in Sindhupalchowk reported having access to health facilities. However, all respondents taking medication in Sindhupalchowk and 81 per cent of those in Dhading were able to get the medication they needed after the earthquake.

**Figure 51: Perception of support by ages 60 and over (Q14, Q15, Q16, Q17, Q18, Q19) (percentage of respondents)**



\*\*Of the households responding to these questions, 6 households did not include this age group in the ages of the household question in the respondent information section.

**Missing values:** Respondents between the ages of 14 to 18 had a higher percentage of missing values, which could possibly be due to them not being as informed over support.

Don't know/ Not applicable (DKNA)	Dhading			Sindhupalchowk			Total		
	Total	DKNA	Per cent	Total	DKNA	Per cent	Total	DKNA	Per cent
Q07	15	0	0%	25	7	28%	40	7	18%
Q08	14	2	14%	23	7	30%	37	9	24%
Q09	14	2	14%	24	7	29%	38	9	24%
Q10	14	0	0%	24	11	46%	38	11	29%
Q12	3	0	0%	3	1	33%	6	1	17%
Q14	18	2	11%	41	7	17%	59	9	15%
Q15	16	3	19%	41	8	20%	57	11	19%

Q16	3	0	0%	8	1	13%	11	1	9%
Q17	16	1	6%	41	6	15%	57	7	12%
Q18	17	0	0%	40	5	13%	57	5	9%
Q19	8	0	0%	21	0	0%	29	0	0%

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## Annex 5: Survey methodology

### Household Survey Methodology

The evaluation used a mixed methods approach involving the collection of both quantitative and qualitative information. Quantitative data was collected via a survey based on 200 households and two districts, Dhading and Sindhupalchowk, with 100 surveys carried out in each district.

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 higher number of 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, only one had to be replaced because of accessibility issues.

For household selection, at the ward level within each of the VDCs random sampling was used to selection the households. The enumerators randomly selected the first household in a ward using a pen to select the direction and visited the first household in that direction. Upon finishing each interview the enumerators selected every third household on the right.

The household participation was dependent on the household having been affected by the earthquake and having received assistance. If not, then the household was replaced by another household. The head of household was selected to answer the questionnaire. If the head of household was not there, then the other parent was selected and if the parents were not there then the grandparents or another adult. If no adults were available then the oldest child was interviewed. Fifty-four per cent of the surveys were responded to by the head of household, and 83 per cent of the surveys were responded to by the father, mother or a grandparent.

**Sample size calculations:** The information used for calculating the sample size was the total population by district. No other characteristics or strata were used as that was the only common and comparable data available.

Using the standard confidence interval approach with a normal distribution approximation of a binomial distribution of  $p = 0.5$ , the sample size needed for significance was calculated using the following equation:

$$n = \frac{N * k^2 * p * q}{(e^2 * (N - 1)) + (k^2 * p * q)}$$

Where,

e = sampling error

k = 1.95 (z-value for a confidence level of 95%)

$p = q = 0.5$ , which is the most conservative value for the true proportion of the population that was directly affected by the earthquake and received assistance for it

$N$  = population size

$n$  = sample size

District	N (population)	K	P	Q	e	e*e	$N^2 * k * k * p * q$	$e * e * N$	$k * k * p * q$	A+B	n population (sample)	n HH estimate (sample)
Sindhupalchowk	287798	1.96	0.5	0.5	0.05	0.0025	276401.2	719.49	0.960	720.453	384	86.755
Dhading	336067	1.96	0.5	0.5	0.05	0.0025	322758.7	840.17	0.960	841.125	384	86.772

The number of households was not known in Dhading and Sindhupalchowk. However the number of household members for the districts of Lalitpur, Kathmandu and Bhaktapur was known, therefore as an approximation, it was decided to use the average number of household members was calculated based on these (4.42 people per household) to define the number of households to be included in the survey.

The number of households for a level of significance of 95 per cent and an error of 5 per cent was estimated dividing the resulting population sample size by the average number of households (4.42).

#### Sample size for significance for each district:

Dhading = 384 people, 86.755 estimated households

Sindhupalchowk = 384 people, 86.722 estimated households

**Sampling error:** The two districts Sindhupalchowk (population 287,798) and Dhading (population 336,067) together have a total population of 623,865, with an estimated number of households of 141,075. Using a sample of 200 household (100 in each district), we applied the following formula to calculate the final sampling error.

$$e = \sqrt{\frac{k^2 * p * q * (N - n)}{(N - 1) * n}}$$

This gives an error of 6.92% for a sample size of 200 households, a confidence level of 95% taking the two districts together.

	N (households)		K	P	Q	e	e*e	A	B	C	e*e	e	
	N (population)	(households estimated)											
3 districts (Gorkha, Sindhupalchowk, Dhading)	894926	202370,53	1,96	0,5	0,5	0,05	0,0025	300	0,9604	202070,5	194068,5	0,003197	5,65%
	894926	202370,53	1,96	0,5	0,5	0,05	0,0025	400	0,9604	201970,5	193972,5	0,002396	4,90%
	894927	202370,76	1,96	0,5	0,5	0,05	0,0025	200	0,9604	202170,8	194164,8	0,004797	6,93%
4 districts (Gorkha, Sindhupalchowk, Dhading, Kathmandu)	2639166	596797,31	1,96	0,5	0,5	0,05	0,0025	300	0,9604	596497,3	572876	0,0032	5,66%
	2639166	596797,31	1,96	0,5	0,5	0,05	0,0025	400	0,9604	596397,3	572780	0,002399	4,90%
	2639166	596797,31	1,96	0,5	0,5	0,05	0,0025	200	0,9604	596597,3	572972,1	0,0048	6,93%
2 districts (Sindhupalchowk, Dhading)	623865	141075,23	1,96	0,5	0,5	0,05	0,0025	300	0,9604	140775,2	135200,5	0,003195	5,65%
	623865	141075,23	1,96	0,5	0,5	0,05	0,0025	400	0,9604	140675,2	135104,5	0,002394	4,89%
	623865	141075,23	1,96	0,5	0,5	0,05	0,0025	200	0,9604	140875,2	135296,6	0,004795	6,92%

#### Limitations of the survey

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

#### Survey Questionnaire

A questionnaire containing 10 different components distributed in different modules was used during the survey. The components were primarily based on the evaluation criteria and evaluation questions. The survey utilized yes/no questions, questions using a scale of one to five and a few questions in which the respondent must specify the response.

#### **Respondent Information**

This module includes basic demographic questions regarding respondent role, age, sex, caste, household size and occupations and livelihoods of household members.

#### **Module A: General Information over Assistance Received**

This module includes questions over whether the household had been affected by the earthquake and/or received assistance, how the household had been affected and the types of assistance the household received.

#### **Module B: Age Specific Information over Assistance Received**

This module includes questions specifically directed to members of the household between the ages of 14 and 18 and ages 60 and over to understand their perception of support received and address specific questions related to these age groups.

#### **Module C: Appropriateness**

This module includes questions over the suitability and adequacy of support received, priority needs after the earthquake, and involvement of the community in activities.

#### **Module D: Connectedness**

This module includes questions over disaster preparedness, support provided by the government and information over rebuilding.

#### **Module E: Coordination**

This module includes questions over duplication of support received from different organizations and/or the government.

#### **Module F: Coverage**

This module includes questions over any groups that did not receive support and support provided by Child Friendly Spaces.

#### **Module G: Efficiency**

This module includes questions over timeliness of the support received.

#### **Module H: Effectiveness**

This module includes questions over availability and use of different types of support.

#### **Module I: C4D**

This module includes questions over main sources of information, reliability and usefulness of information and any obstacles to receiving information.

#### **Survey teams**

The survey teams were organized and hired by Local Interventions Group to conduct the survey. In order to assure quality work, the counterpart hired individuals with previous field survey experience and provided close supervision and technical guidance during the data collection. The survey teams attended a one-day training on survey objectives and methodology and interviews. The training was conducted by the organisation with assistance from the National Consultant. Two teams of four

enumerators conducted the survey, one team in each district. The survey was conducted over six days in each of the districts.

Survey Questionnaire:



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

[Conduct the interview after obtaining consent from the respondent]

(Interviewers: Clearly read out the following to the respondent for his/her consent before interviewing)

DARA with support from UNICEF is conducting an evaluation in your locality. As it is not possible to collect information from all, our intention is to collect information from some randomly selected households. Your household is one of the selected households. We will try to understand your household's situation after the Gorkha Earthquake from your information. For this reason we will collect information from you about the members living in the household, the support you received after the earthquake and your needs currently and just after the earthquake. We will use your information only for the evaluation and all information will be kept confidential. For providing us with information you will neither be benefited nor harmed. Do you agree to provide information?

Respondent's Consent			Date	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	/ / 2016

Interviewer's Name	Date	Starting Time				End Time			
	/ / 2016								

	Name	Line No:
Respondent's Name:		
Name of Household Head:		

	Name	Code
District:		
VDC:		
Ward No:		
Village/Tole:		
Household no:		

RESPONDENT INFORMATION			
	Question	Type	Code
01	Role in the household:	Mother	1
		Father	2
		Grandparent	3
		Older sibling	4
		Other (specify)	
02	Respondent's Age:	Specify age	
03	Respondent's Sex:	Male	1
		Female	2
04	Caste:	Brahmin	1
		Chhetri	2
		Dalit	3
		Gurung	4
		Janajati	5
		Muslim	6

		Newar	7
		Tamang	8
		Other	9
05	<b>Household size</b>	Specify number	
	5.1	Number of family members younger than 14 years old	
	5.2	Number of family members between 14 and 18 years old	
	5.3	Number of family members between 19 and 59 years old	
	5.4	Number of family members 60 years old and older	
06	<b>Occupation/ Livelihood</b>	Specify occupation/ livelihood	
	6.1	Number of family members in agriculture	
	6.2	Number of family members in business	
	6.3	Number of family members in domestic services	
	6.4	Number of family members working abroad and sending home remittances	
	6.5	Number of family members in other (specify)	

<b>A. GENERAL INFORMATION OVER ASSISTANCE RECEIVED</b>			
	<b>Question</b>	<b>Type</b>	<b>Code</b>
01	<b>Have you been affected by the earthquake?</b>	Yes	1
		No (If no, do not continue the survey)	0
02	<b>How were you affected?</b>	House fully damaged	1
		House partially damaged	2
		Health services fully discontinued	3
		Health services partially discontinued	4
		Water supply damaged	5
		Broken sanitation	6
		School fully damaged	7
		School partially damaged	8
		Children attending school in unsafe building	9
		Lack of food	10
		Missing relatives or friends	11
		Lost livelihoods	12
		Became jobless	13
Others (Specify)			
03	<b>Have you received any support in response to the</b>	Yes	1
		No	0
04	<b>If yes, what of the following assistance have you received?</b>	Education for health	1
		Vaccination support	2
		Vitamin A capsules	3
		Micronutrient powder (Bal Vita)	4
		RUTF supplementary feeding	5
		IFA tablet (lactating mothers)	6
		Access to measuring scale in health center	7
		Access to height board in health center	8
		Access to MUAC tape	9
		Awareness on trafficking	10
		Breast feeding and nutrition practices	11
		Water kit (container and purification)	12
		Hygiene kit	13
School kit	14		

		Recreational items	15
		School clothes	16
		Summer clothes	17
		Winter clothes	18
		Blankets or nets	19
		Psychosocial support/ counseling	20
		Cash	21
		Other (specify)	
05	<b>If you received cash assistance</b>	From whom did you receive it? (specify)	
		For what did you receive it? (specify)	
		How much did you receive? (specify)	
06	<b>If you received cash assistance, do you belong to one of these groups?</b>	Child head of family	1
		Child labour	2
		Disabled child	3
		Double orphan	4
		Health problems	5
		Injured parents	6
		No place to live for family	7
		Poor nutrition	8
		Separated child	9
		Single orphan (father passed away)	10
		Single orphan (mother passed away)	11
		Elderly person (from 70+ or 60+ Dalit)	12
		Widow	13
		Single woman age 60+	14
	Endangered group	15	
	Fully or partially disabled	16	
	Dalit child under 5	17	
<b>B. AGE SPECIFIC INFORMATION OVER ASSISTANCE RECEIVED</b>			
	<b>Question</b>	<b>Type</b>	<b>Code</b>
<b>For Respondents Ages 14 to 18</b>			
07	<b>Have you participated within your family or community helping persons in need after the earthquake?</b>	Yes	1
		No	0
		Don't know/ Not applicable	99
08	<b>Were your opinions taken into consideration?</b>	Yes	1
		No	0
		Don't know/ Not applicable	99
09	<b>On a scale of 1 to 5, do you think the aid effort has adequately addressed the needs of your family?</b>	Not at all	1
		To a minor degree	2
		Somewhat	3
		Very much	4
		Completely	5
	Don't know/ Not applicable	99	
10	<b>Have you participated in the "Chatting with my Best Friend" (Sathi Sanga Manka Kura) programme?</b>	Yes	1
		No	0
		Don't know/ Not applicable	99

11	If yes, what were the main topics you discussed with your best friend?	Specify					
12	On a scale of 1 to 5, how useful was the "Chatting with my Best Friend" (Sathi Sanga Manka Kura) programme?	Not at all	1				
		To a minor degree	2				
		Somewhat	3				
		Very much	4				
		Completely	5				
	Don't know/ Not applicable	99					
13	Are there specific issues that were not addressed and you think are important?	Specify (brief description)					
<b>For Respondents Ages 60 and over</b>							
14	Did someone take care of you before the earthquake?	Yes	1				
		No	0				
		Don't know/ Not applicable	99				
15	Have your specific circumstances as old person been taken into account?	Yes	1				
		No	0				
		Don't know/ Not applicable	99				
16	If yes, are you satisfied with the care provided to you now?	Yes	1				
		No	0				
		Don't know/ Not applicable	99				
17	Has access to health facilities been facilitated to you?	Yes	1				
		No	0				
		Don't know/ Not applicable	99				
18	Were you taking medication before the earthquake?	Yes	1				
		No	0				
		Don't know/ Not applicable	99				
19	If yes, could you get your medication after the earthquake?	Yes	1				
		No	0				
		Don't know/ Not applicable	99				
<b>C. APPROPRIATENESS: INFORMATION OVER ASSISTANCE RECEIVED</b>							
	<b>Question</b>	<b>Type</b>			<b>Code</b>		
20	Did anyone in your household/family who needed support not receive it?	Yes (Not received)			1		
		No (received)			0		
		Don't know/ Not applicable			99		
21	If yes (not received), does he or she belong to any of following group(s)?	Children			1		
		Lactating women			2		
		Pregnant women			3		
		Widows			4		
		Women headed household			5		
		The elderly			6		
		Disabled people			7		
		Specific caste (specify)					
Other (specify)							
22	On a scale of 1 to 5, to what extent did the support provided suit the different needs of women and girls in your family?	Not at all	To a minor degree	Somewhat	Very Much	Completely	Don't know/ Not Applicable
		1	2	3	4	5	99

22a	Education for health							
22b	Vaccination support							
22c	Awareness on trafficking							
22d	Breast feeding and nutrition practices							
22e	Water kit (container and purification)							
22f	Hygiene kit							
22g	School kit							
22h	School Clothes							
22i	Psychosocial support/ counseling							
22j	Blankets or nets							
22k	Cash							
22l	Other (specify)							
22m	If received cash assistance	From whom did you receive it? (specify)						
		For what did you receive it? (specify)						
		How much did you receive? (specify)						
22n	If received cash assistance, do the women/ girls belong to one of these groups?	Child head of family					1	
		Child labour					2	
		Disabled child					3	
		Double orphan					4	
		Health problems					5	
		Injured parents					6	
		No place to live for family					7	
		Poor nutrition					8	
		Separated child					9	
		Single orphan (father passed away)					10	
		Single orphan (mother passed away)					11	
		Elderly person (from 70+ or 60+ Dalit)					12	
		Widow					13	
		Single woman age 60+					14	
		Endangered group					15	
		Fully or partially disabled					16	
		Dalit child under 5					17	
23	<b>On a scale of 1 to 5, to what extent did the support provided suit the different needs of men and boys in your family?</b>	<b>Not at all</b>	<b>To a minor degree</b>	<b>Somewhat</b>	<b>Very Much</b>	<b>Completely</b>	<b>Don't know/ Not Applicable</b>	
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>99</b>	
23a	Education for health							
23b	Vaccination support							
23c	Awareness on trafficking							
23d	Water kit (container and purification)							
23e	Hygiene kit							
23f	School kit							
23g	School Clothes							
23h	Psychosocial support/							

		counseling							
	23i	Blankets or nets							
	23j	Cash							
	23k	Other (specify)							
	23l	If received cash assistance	From whom did you receive it? (specify)						
For what did you receive it? (specify)									
How much did you receive? (specify)									
	23m	If received cash assistance, do the men/boys belong to one of these groups?	Child head of family					1	
			Child labour						2
			Disabled child						3
			Double orphan						4
			Health problems						5
			Injured parents						6
			No place to live for family						7
			Poor nutrition						8
			Separated child						9
			Single orphan (father passed away)						10
			Single orphan (mother passed away)						11
			Elderly person (from 70+ or 60+ Dalit)						12
			Endangered group						13
			Fully or partially disabled						14
			Dalit child under 5						15
24	<b>Are any of the members in your household disabled?</b>		Yes					1	
			No					0	
			Don't know/ Not applicable					99	
25	<b>If yes, on a scale of 1 to 5, to what extent were the specific needs of the disabled in your household addressed?</b>		<b>Not at all</b>	<b>To a minor degree</b>	<b>Somewhat</b>	<b>Very Much</b>	<b>Completely</b>	<b>Don't know/ Not Applicable</b>	
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>99</b>	
	25a	Education for health							
	25b	Vaccination support							
	25c	Awareness on trafficking							
	25d	Breast feeding and nutrition practices							
	25e	Water kit (container and purification)							
	25f	Hygiene kit							
	25g	School kit							
	25h	School Clothes							
	25i	Psychosocial support/ counseling							
	25j	Blankets or nets							
	25k	Cash							
	25l	Other (specify)							
	25m	If received cash assistance	From whom did you receive it? (specify)						
For what did you receive it? (specify)									
How much did you receive? (specify)									
26	<b>On a scale of 1 to 5, to what extent did you observe an</b>		Not at all					1	
			To a minor degree					2	

	<b>extra effort to address the needs of adults and children with disabilities in your community?</b>		Somewhat					3
			Very much					4
			Completely					5
			Don't know/ Not applicable					99
27	<b>Are there any elderly members in your household?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
28	<b>If yes, on a scale of 1 to 5, to what extent were the specific needs of the elderly in your household addressed?</b>		<b>Not at all</b>	<b>To a minor degree</b>	<b>Somewhat</b>	<b>Very Much</b>	<b>Completely</b>	<b>Don't know/ Not Applicable</b>
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>99</b>
	28a	Education for health						
	28b	Awareness on trafficking						
	28c	Breast feeding and nutrition practices						
	28d	Water kit (container and purification)						
	28e	Hygiene kit						
	28f	Psychosocial support/ counseling						
	28g	Blankets or nets						
	28h	Cash						
	28i	Other (specify)						
	28j	If received cash assistance	From whom did you receive it? (specify)					
			For what did you receive it? (specify)					
			How much did you receive? (specify)					
29	<b>Did anyone consult you or anyone in your household over your needs after the earthquake?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
30	<b>Can you rate in order of priority your major needs in the months after the earthquake?</b>		Rank in order from 1 to 15 (1 most needed, 15 least needed)					Rank
	30a	Health						
	30b	Food						
	30c	Access to water						
	30d	Sanitation (latrines)						
	30e	Shelter						
	30f	Information over assistance						
	30g	Messages over earthquake safety						
	30h	Cash support						
	30i	Work/ livelihoods						
	30j	Protection of children against trafficking or abuse						
	30k	Reunification of separated children						
	30l	Protection from Gender based violence/ violence in the family						
	30m	Education						
	30n	Psychosocial support/ counselling						
	30o	Other(specify)						
31	<b>Were you or anyone in your</b>		Yes					1

	<b>household involved in the implementation or design of any of the activities undertaken in your community?</b>		No				0	
			Don't know/ Not applicable				99	
32	<b>On a scale of 1 to 5, to what extent was the support adequate enough to address your major needs in</b>		<b>Not at all</b>	<b>To a minor degree</b>	<b>Somewhat</b>	<b>Very Much</b>	<b>Completely</b>	<b>Don't know/ Not Applicable</b>
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>99</b>
	32a	Education						
	32b	Health						
	32c	Prevention of child trafficking						
	32d	Psychosocial support/ counseling						
	32e	Water supply						
	32f	Sanitation (latrines)						
	32g	Nutrition						
	32h	Other (specify)						
33	<b>The support provided in terms of items in the water kits:</b>		<b>All items</b>	<b>Most items</b>	<b>A few items</b>	<b>None of the items</b>	<b>Don't know/ Not applicable</b>	
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>99</b>	
	33a	Was it familiar to you?						
	33b	Did you know how to use it?						
	33c	Did someone explain to you how to use it?						
	33d	Did you use it?						
34	<b>The support provided in terms of items in the hygiene kits:</b>		<b>All items</b>	<b>Most items</b>	<b>A few items</b>	<b>None of the items</b>	<b>Don't know/ Not applicable</b>	
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>99</b>	
	34a	Was it familiar to you?						
	34b	Did you know how to use it?						
	34c	Did someone explain to you how to use it?						
	34d	Did you use it?						
35	<b>The support provided in terms of items in the health materials:</b>		<b>All items</b>	<b>Most items</b>	<b>A few items</b>	<b>None of the items</b>	<b>Don't know/ Not applicable</b>	
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>99</b>	
	35a	Was it familiar to you?						
	35b	Did you know how to use it?						
	35c	Did someone explain to you how to use it?						
	35d	Did you use it?						
36	<b>The support provided in terms of nutrition (Vitamin A,</b>		<b>All items</b>	<b>Most items</b>	<b>A few items</b>	<b>None of the items</b>	<b>Don't know/ Not applicable</b>	

	<b>micronutrient powder, IFA tablet):</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>99</b>
	36a Was it familiar to you?					
	36b Did you know how to use it?					
	36c Did someone explain to you how to use it?					
	36d Did you use it?					
37	<b>The support provided in terms of items in the education kits:</b>	<b>All items</b>	<b>Most items</b>	<b>A few items</b>	<b>None of the items</b>	<b>Don't know/ Not applicable</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>99</b>
	37a Was it familiar to you?					
	37b Did you know how to use it?					
	37c Did someone explain to you how to use it?					
	37d Did you use it?					
<b>D. CONNECTEDNESS: INFORMATION OVER ASSISTANCE RECEIVED</b>						
	<b>Question</b>	<b>Type</b>				<b>Code</b>
38	<b>On a scale of 1 to 5, with the support received do you feel more prepared at the household level now to face another disaster of a similar scale than before the earthquake?</b>	Not at all				1
		To a minor degree				2
		Somewhat				3
		Very much				4
		Completely				5
		Don't know/ Not applicable				99
39	<b>Has the government provided support to you after the earthquake?</b>	Yes				1
		No				0
		Don't know/ Not applicable				99
40	<b>If yes, was the government support enough?</b>	Yes				1
		No				0
		Don't know/ Not applicable				99
41	<b>Do you know of any future plans for rebuilding infrastructure (schools, homes, health centres, etc.) or plans for permanent structures to replace temporary ones (TLCs, temporary latrines, temporary water sources) in the near future?</b>	Yes				1
		No				0
		Don't know/ Not applicable				99
42	<b>Have government representatives in your community requested information from you on what support you need to rebuild or repair the damages you suffered?</b>	Yes				1
		No				0
		Don't know/ Not applicable				99
43	<b>Have you been informed on</b>	Yes				1

	<b>the options you have to request support from the Government?</b>	No	0
		Don't know/ Not applicable	99
<b>E. COORDINATION: INFORMATION OVER ASSISTANCE RECEIVED</b>			
	<b>Question</b>	<b>Type</b>	<b>Code</b>
44	<b>Have you received support by more than one NGO and/or the government for the following items?</b>		
	44a Water kits	Yes	1
		No	0
		Don't know/ Not applicable	99
	44b Hygiene kits	Yes	1
		No	0
		Don't know/ Not applicable	99
	44c School kits	Yes	1
		No	0
		Don't know/ Not applicable	99
	44d School clothes	Yes	1
		No	0
		Don't know/ Not applicable	99
	44e Cash for vulnerable families	Yes	1
		No	0
		Don't know/ Not applicable	99
	44f Blankets or nets	Yes	1
		No	0
		Don't know/ Not applicable	99
<b>F. COVERAGE: INFORMATION OVER ASSISTANCE RECEIVED</b>			
	<b>Question</b>	<b>Type</b>	<b>Code</b>
45	<b>Do you know of any groups that did not receive support?</b>	Yes	1
		No	0
		Don't know/ Not applicable	99
46	<b>If yes, did they not receive support due to:</b>		
	46a Located in a hard to reach area	Yes	1
		No	0
		Don't know/ Not applicable	99
	46b Displaced population	Yes	1
		No	0
		Don't know/ Not applicable	99
	46c Political affiliation	Yes	1
		No	0
		Don't know/ Not applicable	99
	46d Other	Specify	
47	<b>Was there a Child Friendly Space created in your community after the earthquake?</b>	Yes	1
		No	0
		Don't know/ Not applicable	99

48	If yes, on a scale of 1 to 5, to what extent was it useful in providing psychosocial support and recreational materials for children?	Not at all	1
		To a minor degree	2
		Somewhat	3
		Very much	4
		Completely	5
		Don't know/ Not applicable	99

**G. EFFICIENCY: INFORMATION OVER ASSISTANCE RECEIVED**

Question		Type					Code
49	On a scale of 1 to 5, to what extent was the support you received provided in a timely manner?	Too late to be useful	Very late	A little late	Timely enough	Exactly when I needed it	Don't know/ Not Applicable
		1	2	3	4	5	99
49a	School kits						
49b	School clothes						
49c	Access to education						
49d	Vaccinations						
49e	Water kits (container and purification)						
49f	Hygiene kits						
49g	Blankets or nets						
49h	Information on breast feeding and nutrition practices						
49i	Cash received for: Elderly person (from 70+ or 60+ Dalit) Widow Single woman age 60+ Endangered group Fully or partially disabled Dalit child under 5						
49j	Cash received for: Child head of family Child labour Disabled child Double orphan Health problems Injured parents No place to live for family Poor nutrition Separated child Single orphan (father passed away) Single orphan (mother passed away)						
49k	Cash received for other purposes (reconstruction, food, clothes, festivals, etc.)						
49l	Information about assistance available						
49m	Access to safe recreational spaces for children (Child Friendly Space)						

	49n	Access to water							
	49o	Psychosocial support/ counseling							
	49p	Awareness and support for protection of children from abuse, violence, trafficking, family separation							
	49q	Improved access to sanitation							
50	<b>In case you received cash support when did it happen? Was it timely to meet the needs for which it was intended?</b>			<b>Too late to be useful</b>	<b>Very late</b>	<b>A little late</b>	<b>Timely enough</b>	<b>Exactly when I needed it</b>	<b>Don't know/ Not Applicable</b>
				<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>99</b>
	50a	Family support	Month: (specify)						
	50b	Support for schooling for your children	Month: (specify)						
	50c	Reconstruction materials	Month: (specify)						
	50d	Cash top up for social assistance grant through government	Month: (specify)						

#### H. EFFECTIVENESS: INFORMATION OVER ASSISTANCE RECEIVED

	Question	Type	Code
51	<b>Do you have school age children?</b>	Yes	1
		No	0
		Don't know/ Not applicable	99
52	<b>If yes:</b>		
52a	Was the school damaged?	Yes	1
		No	0
		Don't know/ Not applicable	99
52b	Was a TLC provided?	Yes	1
		No	0
		Don't know/ Not applicable	99
52c	Do they attend the TLC regularly?	Yes	1
		No	0
		Don't know/ Not applicable	99
52d	Did they receive educational materials or supplies?	Yes	1
		No	0
		Don't know/ Not applicable	99
52e	Do they use these materials in the school?	Yes	1
		No	0
		Don't know/ Not applicable	99
52f	Did you receive help to cover the costs of education?	Yes	1
		No	0
		Don't know/ Not applicable	99
53	<b>Did you have needs in health? (specify)</b>	Specify	

54	<b>Were you able to access a health post/center/hospital after the earthquake?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
55	<b>If no, what were the reasons?</b>		Specify					
56	<b>Were medicines available?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
57	<b>Did you receive medical attention in a tent where your health post used to be?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
58	<b>Pregnant women or mothers of children of less than 11 months: On a scale of 1 to 5 were you able to carry out your antenatal consultations after the earthquake?</b>		Not at all					1
			To a minor degree					2
			Somewhat					3
			Very much					4
			Completely					5
			Don't know/ Not applicable					99
59	<b>Did you give birth in a:</b>		Birth Center					1
			Hospital					2
			Shelter home provided by UNICEF					3
			Other (specify)					
60	<b>Are there working latrines and a water source available in health centres?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
61	<b>Are there working latrines and a water source available in schools/TLCs?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
62	<b>Did you receive support to help you in getting pipe water or having access to drinking water?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
63	<b>Did you receive support to improve your sanitation/toilets/latrines?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
64	<b>For teachers, women community health volunteers, women's groups members: Did you receive any training?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
65	<b>If yes, on a scale of 1 to 5:</b>		<b>Not at all</b>	<b>To a minor degree</b>	<b>Somewhat</b>	<b>Very much</b>	<b>Completely</b>	<b>Don't know/ Not Applicable</b>
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>99</b>
65a	Was the training adequate?							
65b	Has the training given you the skills you need to know to undertake the activities or train others?							
65c	To what extent did you use what you learned in the training?							

	65d	To what extent did your trainees use what you taught to them in the training?						
66	<b>Have you received any information about child trafficking and/or violence, abuse or exploitation?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
67	<b>If yes, on a scale of 1 to 5:</b>		<b>Not at all</b>	<b>To a minor degree</b>	<b>Somewhat</b>	<b>Very much</b>	<b>Completely</b>	<b>Don't know/ Not Applicable</b>
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>99</b>
	67a	To what extent has the awareness activity/event increased your knowledge of your rights?						
	67b	To what extent do you feel like you or your family members will be less likely to be trafficked because of what you learned?						
	67c	Do you have somewhere safe to go or someone in the community or an NGO to contact in the case of violence?						
68	<b>Did you receive cash support for your children?</b>		Yes					1
			No					0
			Don't know/ Not applicable					99
68a	If yes, was it helpful reducing their vulnerability to trafficking or other types of abuse?		Yes					1
			No					0
			Don't know/ Not applicable					99
68b	If yes, did you use the money for your child's education?		Yes					1
			No					0
			Don't know/ Not applicable					99
68c	If 68b no, ask: How did you used the cash?		Specify					
<b>I. C4D: INFORMATION OVER ASSISTANCE RECEIVED</b>								
	<b>Question</b>		<b>Type</b>					<b>Code</b>
69	<b>What were your main sources of information immediately after the earthquake?</b>		Rate the top 3					Rank (1, 2, 3)
	69a	TV						
	69b	Radio						
	69c	Mobile Phones – Calls/SMS						

		69d	Newspapers/ Magazines			
		69e	Social Media			
		69f	Internet sites			
		69g	Email			
		69h	Billboards			
		69i	Posters/Leaflets			
		69j	Loudspeakers / Megaphone announcements			
		69k	Community mobilizers / AID workers / NGOs			
		69l	From another person – Friends / Family			
		69m	From another person – Community / religious leader			
		69n	From another person – government official / local politician			
		69o	From another person – army / police			
		69p	Other (specify)			
		69q	Don't know / can't say			
70	<b>Based on the answer, for each source of information accessed ask: On a scale of 1 to 5, to what extent did you get information from them?</b>			[1] Not at all; [2]To a minor degree; [3] Somewhat; [4] Very much; [5] Completely; [99]Don't know/ Not Applicable		
				<b>Source 1</b>	<b>Source 2</b>	<b>Source3</b>
	70a	TV				
	70b	Radio				
	70c	Mobile Phones – Calls/SMS				
	70d	Newspapers/ Magazines				
	70e	Social Media				
	70f	Internet sites				
	70g	Email				
	70h	Billboards				
	70i	Posters/Leaflets				
	70j	Loudspeakers / Megaphone announcements				
	70k	Community mobilizers / AID workers / NGOs				
	70l	From another person – Friends / Family				
	70m	From another person – Community / religious leader				
	70n	From another person – government official / local politician				
	70o	From another person – army / police				
	70p	Other (specify)				
	70q	Don't know / can't say				
71	<b>On a scale of 1 to 5 to what extent did you find the information from these programmes helpful?</b>			Not at all		1
				To a minor degree		2
				Somewhat		3
				Very much		4
				Completely		5
				Don't know/ Not applicable		99
72	<b>On a scale of 1 to 5 to what</b>			Not at all	1	

	<b>extent did you use the information you received from these programmes?</b>	To a minor degree	2	
		Somewhat	3	
		Very much	4	
		Completely	5	
		Don't know/ Not applicable	99	
73	<b>Did you feel the information you received was reliable?</b>	Yes	1	
		No	0	
		Don't know/ Not applicable	99	
74	<b>What are your current sources of information?</b>	Check all applicable	Check	
		74a TV		
		74b Radio		
		74c Mobile Phones – Calls/SMS		
		74d Newspapers/ Magazines		
		74e Social Media		
		74f Internet sites		
		74g Email		
		74h Billboards		
		74i Posters/Leaflets		
		74j Loudspeakers / Megaphone announcements		
		74k Community mobilizers / AID workers / NGOs		
		74l From another person – Friends / Family		
		74m From another person – Community / religious leader		
		74n From another person – government official / local politician		
		74o From another person – army / police		
		74p Other (specify)		
		74q Don't know / can't say		
75		<b>What, if anything, is preventing you / people in your community from getting the information that they need now?</b>	Check all applicable	Check
			75a Don't know who to ask	
			75b No information available	
	75c Don't have access to TV			
	75d Don't have access to Radio			
	75e Don't have access to newspapers			
	75f Don't have access to Internet			
	75g Don't have access to mobile phone – calls / SMS			
	75h No electricity			
	75i Other			
	75j Don't know/ can't say			
76	<b>Have you come in contact with / been visited by an aid worker or community worker or have you participated in any community meeting /event?</b>		Yes	1
		No	0	
		Don't know/ Not applicable	99	

77	<b>If yes, then can you recall some of the key information that you have received related to the earthquake situation?</b>	Check all applicable	Check
	77a	News/ information on the earthquake (current situation/ what to do during an earthquake / aftershocks/ how to stay safe etc.)	
	77b	Advice on how to deal with one's emotional situation	
	77c	How to keep women / children safe from trafficking / harassment /abuse	
	77d	How to get aid	
	77e	How to get food/ water	
	77f	Finding missing people	
	77g	How to get shelter	
	77h	How to get education	
	77i	Information on nutrition	
	77j	Information on health / health care	
	77k	Information on sanitation / hygiene	
	77l	Other (specify)	
	77m	Don't know / can't say	
78	<b>Did you find the information useful?</b>	Yes	1
		No	0
		Don't know/ Not applicable	99
79	<b>Did you feel the information was reliable?</b>	Yes	1
		No	0
		Don't know/ Not applicable	99

## Annex 6: Evaluation Matrix

Evaluation Question	Judgment criteria	Indicator	Sources	Technique
<b>Appropriateness:</b>				
To what extent have UNICEF's programmes reflected applicable standards on quality humanitarian action and human rights?	<ul style="list-style-type: none"> <li>Coherence between UNICEF formulations and relevant conceptual references</li> </ul>	Level of coherence #1 - #5	<p>Reference conceptual framework (CCC, Core Hum standards, IFRC Code of Conduct, IASC Guidelines, etc)</p> <p>KII (DOE, DWC, UNICEF section heads, ROSA M&amp;E, HAC, HC, UNICEF officials in CO, Regional office and field)</p>	Doc review KII
To what extent did UNICEF's response identify and address the different needs of women, men, boys and girls of different ethnicities/castes, socioeconomic condition, physical abilities and geographical areas?	<ul style="list-style-type: none"> <li>#'s in Response plan / #'s in needs assessment</li> <li>Extent of matching the humanitarian assistance against local capacity</li> </ul>	<p>% of needs of earthquake affected group by UNICEF response</p> <p>Level of matching #1 - #5</p>	<p>FGD with earthquake affected populations in 13 selected VDCs in 9 severely affected districts</p> <p>Available survey reports</p> <p>Needs assessments available per sector</p> <p>KII (DOE, DWC, UNICEF section heads, ROSA M&amp;E, HAC, HC, UNICEF officials in CO, Regional office and field)</p>	<p>FGD</p> <p>Doc review</p> <p>Analysis of available data</p> <p>KII</p>

<p>To what extent have affected populations been involved in the design and implementation of programmes?</p>	<ul style="list-style-type: none"> <li>EQ affected people consultation tools and processes</li> <li>Evidence of EQ affected people participation</li> <li>Complaints forms available</li> </ul>	<p>Adequacy and use of tools: #1-5</p> <p>Complaints forms management: Y/N</p>	<p>Common feed back project surveys</p> <p>CwC two way communication tools</p> <p>Partners Staff</p> <p>UNICEF staff</p> <p>CwC staff</p> <p>Affected population</p>	<p>Document review</p> <p>KII</p> <p>FGD</p> <p>Observation</p>
<p><b>Connectedness and sustainability</b></p>				
<p>To what extent have the linkages between relief, recovery and development been addressed in UNICEF's response?</p>	<ul style="list-style-type: none"> <li>Coherence with PDNA</li> <li>Evidence of UNICEF participation on early recovery and post-crisis inter-agency mechanisms</li> <li>Transition oriented activities incorporated in planning processes</li> <li>Existence of documents and planning processes</li> </ul>	<p>Level of coherence #1 - #5</p> <p>Level of activities included #1 - #5</p>	<p>Relevant programmatic documents</p> <p>PDNA</p> <p>UNDAF</p> <p>KII (NGOs: WE, SCI, NPHF, NTAG, ENPHONRCS, OXFAM, Yuwalaya, NEPAN, UFLN; UN agencies UNFPA, WFP, WHO and other development partners)</p> <p>3rd party monitoring reports</p>	<p>Doc review</p> <p>KII</p> <p>Quantitative analyses</p>
<p>To what extent did the existing preparedness measures facilitate UNICEF's response?</p>	<ul style="list-style-type: none"> <li>Level of relevance of existing contingency plans</li> </ul>	<p>Level of relevance #1 - #5</p>	<p>Contingency plan documents</p> <p>KII (UNICEF section heads, DWSS, CCWB, DoCR, CHD, NHSSP)</p>	<p>Doc review</p> <p>KII</p>
<p>To what extent have UNICEF's activities contributed to strengthening Nepal's institutional capacity?</p>	<ul style="list-style-type: none"> <li>Extent to which national/local capacity is supported/existence of strong partnerships</li> <li><b>Sector specific</b> aspects related to local capacity enhancement</li> </ul>	<p>Level of support aimed at enhancing institutional capacity #1 - #5</p>	<p>GoN capacity assessment</p> <p>Development stakeholders</p> <p>DRR strategies and programmes in place</p> <p>KII (local authorities, EQ</p>	<p>Doc review</p> <p>KII</p>

			affected communities, civil society)	
<b>Coordination</b>				
<p>Were UNICEF's resources and staff sufficient to ensure that it could adequately perform its role as cluster lead during emergency, recovery and development?</p> <p>To what extent did UNICEF cluster leads comply with the responsibilities defined in the IASC's ToR of cluster leads at country level?</p>	<ul style="list-style-type: none"> <li>Per cluster coordination role established: support to cluster lead, dedicated staff, provider of last resort</li> <li>Coordination role for CWC established, working group lead, coordinated response</li> <li>Coordination arrangements in other sectors (health, food security, early recovery)</li> </ul>	<p>Level of resources provided #1 - #5</p> <p>Compliance with IASC cluster leads' ToR #1 #0 for the 13 responsibilities, per cluster (this will be fine tuned with the specific arrangements of clusters in Nepal that would make some of the responsibilities not applicable, given the strong role of the Government institutions)</p>	<p>Cluster minutes</p> <p>KII (cluster leads, cluster co-leads, cluster partners, OCHA/RC)</p> <p>cluster monitoring documents</p>	<p>KII</p> <p>Doc review</p> <p>HPM source</p>
<p>To what extent did the internal coordinating tools facilitated the emergency response?</p>	<p>ECMT and RCEMT minutes</p>	<p>Level of internal coordination #1 - #5 (meetings follow-up)</p>	<p>KII (UNICEF management and staff)</p> <p>ECMT and RCEMT minutes</p>	<p>KII</p> <p>Doc review</p>
<b>Coverage</b>				
<p>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?</p>	<ul style="list-style-type: none"> <li>Target defined as percentage of population in need (by sex, age, ethnicity, ability, socioeconomic, geography)</li> <li><b>Per sector:</b> Measures proposed to reach remote areas and marginalized groups.</li> <li>Coverage of cash top up program</li> </ul>	<p>target achieved / planned</p> <p>Level participation of affected population disaggregated by group #1 - #5</p> <p>% of target</p>	<p>Available baseline data</p> <p>Partners Reports</p> <p>HPM indicators reported</p> <p>Clusters reports</p> <p>3<sup>rd</sup> party monitoring</p> <p>PCA partners reports</p>	<p>Doc review</p> <p>Field visits</p> <p>Observation</p> <p>KII</p> <p>FGD</p> <p>consultation tools</p>

			<p>Feedback from earthquake affected people (CwC working group, children consultation)</p> <p>Site visits (IDP camps, urban areas, per district)</p> <p>KII (Government officials, UNICEF staff (ROSA and field)</p> <p>OCHA/RC FTS</p>	
<p>To what extent did UNICEF’s response addressing the different needs of women, men, boys and girls of different ethnicities/castes, socioeconomic condition, physical abilities and geographical areas reach the most vulnerable and marginalised?</p>	<ul style="list-style-type: none"> <li>• Target defined as percentage of population in need (by sex, age, ethnicity, ability, socioeconomic, geography)</li> <li>• <b>Per sector:</b> Measures proposed to reach remote areas and marginalized groups.</li> <li>• Coverage of cash top up program</li> </ul>	<p>target achieved / planned, disaggregated</p> <p>measures for outreach: #1-5 % change coverage achieved through specific measures Level participation of affected population disaggregated by group #1 - #5</p> <p>% of target, disaggregated</p>	<p>Available baseline data</p> <p>Partners Reports</p> <p>HPM indicators reported</p> <p>Clusters reports</p> <p>3<sup>rd</sup> party monitoring</p> <p>CPA partners reports</p> <p>Feedback from earthquake affected people (CwC working group, children consultation)</p> <p>Site visits (IDP camps, urban areas, per district)</p> <p>KII (Government</p>	<p>Doc review</p> <p>Field visits</p> <p>Observation</p> <p>KII</p> <p>FGD</p> <p>consultation tools</p>

			officials, UNICEF staff (HQ and field)  OCHA/RC FTS FGD with earthquake affected people	
<b>Efficiency</b>				
How timely have UNICEF's efforts to scale up response capacity been?	<p>Arrangements to enhance capacity of response: surge staff, new PCAs. Timeline</p> <p>How adequate and efficient was the surge capacity mobilized? - To UNICEF sections, - to cluster system</p> <p><b>Per sector:</b> How quickly were new and adapted CPAs with implementing partners arranged? Staff wellbeing measures adopted</p> <p>How timely and adequate was the rollout of field offices? What problems were identified and how were they solved? Did the new FO have the necessary technical sector support from CO?</p> <p>Site offices costs as per program delivery</p> <p><b>Supply:</b> How adequate was the supply and procurement procedure? How timely in reaching Nepal? What bottlenecks have been identified?</p> <p><b>End user distribution</b> of supplies: measures adopted, problems and</p>	<p>Staff recruitment fast track: #1-5</p> <p>Surge and stand by staff mobilization: #1-5 s process for engagement of new partnerships # 1-5</p> <p>Measures to address staff well being: relevance and effectiveness #1-5</p> <p>Site offices roll out: timeliness # 1-5 Site offices staffing and equipping: #1-5</p> <p>Cost effectiveness analysis of site offices</p> <p>Supply processes, timeline, analysis of procurement to delivery process comparing local versus distant procurement: rating as per time and costs: #1-5</p> <p>End user monitoring reports</p>	<p>HPM Partners reports and interviews</p> <p>FO visits, KII (staff interviews HR staff and surge capacity staff, Procurement staff)</p> <p>Human resources tracking of recruitment matrix</p> <p>3rd party monitoring reports</p> <p>Documents from supply and procurement sections</p>	<p>Doc review Data analysis</p> <p>KII (PCA partners)</p> <p>KII UNICEF staff</p> <p>KII UNCEP management</p> <p>Procurement and supply records analysis</p> <p>3rd party monitoring report analysis</p>

	<p>solutions attempted</p> <p><b>Information Management:</b> Was data collected and disseminated to the central level on time?</p>	<p>follow up: Addressing issues raised # 1-5</p>		
<p>Were there any innovative approaches that improved efficiency and to what extent?</p>	<ul style="list-style-type: none"> <li>• Cash transfer program</li> <li>• Nutrition week</li> <li>• CWC</li> </ul>	<p>Cash transfer program data efficiency #1-5 cost effectiveness analysis cwc results matrix: #1-5</p>	<p>Cash Program documents and data, section KII C4D KII, C4D partners Nutrition section KII and documents</p>	<p>Doc review KII</p>
<p>How efficiently has transition taken place?</p>	<ul style="list-style-type: none"> <li>• Programmatic documents addressing transition</li> <li>• Reviews and workshops of different sections</li> </ul>	<p>Transition activities introduction #1-5 Transition plan formulated #1-5</p>	<p>Documents, drafts available KII management, P&amp;M section</p>	<p>Doc review KII</p>
<b>Effectiveness:</b>				
<p>To what extent has the UNICEF response met its program targets as specified in the HAC?</p>	<p><b>Per sector:</b></p> <ul style="list-style-type: none"> <li>• Level of achievement of results as per plans</li> <li>• Analysis of lessons learned and opportunities Identification of constraints</li> <li>• use of innovative approaches to improve achieving results</li> </ul>	<p>% of planned targets achieved Results of constraints analysis</p>	<p>CCC/HPM Reports from partners (NGOs/government) Cluster reports Feed back from EQ affected people Field visits KII (UNICEF officials, HC, government officials including DWSS, DOE, NHSSP, CHDDORC, CCWB, DWC)</p>	<p>Doc review Quantitative analysis KII consultation FGD</p>
<p>To what extent has UNICEF's intervention contributed to an enabling environment for the human rights of women and children?</p>	<ul style="list-style-type: none"> <li>• Adequacy and effectiveness of awareness campaigns</li> <li>• Human rights commission work plan</li> <li>• Training to police and local stakeholders,</li> <li>• Referral structure for HR violations</li> </ul>	<p>Campaigns: # 1-5 level of knowledge:# 1-5 referral system adequacy: #1-5</p>	<p>Site visits affected population at risk HR officials UNICEF protection section staff</p>	<p>Observation KII FGD</p>

<p>To what extent was UNICEF's delivery of services well-integrated?</p>	<ul style="list-style-type: none"> <li>• level of complementarity of IRP</li> <li>• level integrated programme implementation in the field</li> </ul>	<p>Programmatic integration:# 1-5</p> <p>Implementing integration. #1-5</p>	<p>Program document</p> <p>Site visits</p> <p>Staff consultation</p> <p>Partners</p> <p>Affected population</p>	<p>Doc review</p> <p>Observation</p> <p>KII</p> <p>FGD</p>
<p>To what extent have the services and goods provided been adequate, accepted and used by affected population?</p>	<ul style="list-style-type: none"> <li>• Adequacy analysis in programmatic documents</li> <li>• Feedback from affected population</li> </ul>	<p>#complaints</p> <p>Quality/acceptance</p>	<p>Surveys</p> <p>Complaints forms</p> <p>Affected population</p> <p>Implementing partners</p>	<p>Observation</p> <p>Doc review</p> <p>FGD</p> <p>KII</p>

## Annex 7: Estimating caseloads of acute malnutrition: an elusive issue

Soon after the earthquake in Nepal 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 current approach of calculating the expected caseload on the basis of surveys that define prevalence, using a conversion coefficient for incidence, seems weak. While the calculation of incidence is based on the prevalence/average duration of the disease, the conditions of validity of those factors are rarely met. Population size and SAM duration and incidence vary due to changing risk factors for malnutrition and/or seasonal effects. It might not even be possible to derive only one conversion coefficient to fit all situations. Moreover the size of the sample affects the confidence interval of prevalence estimations.

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 box).

The following table shows different estimations of SAM in recent surveys in Nepal, and highlights the issue of low prevalence in earthquake affected areas and the challenges related as mentioned above.

**Table 23: Comparison of nutrition related data in previous surveys**

	Chronic malnutrition		Moderate acute malnutrition		Severe acute malnutrition	
	NLSS 2012	NDHS 2011	NLSS 2012	NDHS 2011	NLSS 2012	NDHS 2011
National	46%	41%	12%	8%	3%	3%
Urban Kathmandu	23%		5%		2%	
Urban hills	30%		4%		1%	
Rural hills eastern	54%	45%	5%	9.2%	0%	1.3%
Rural hills central	45%	31%	4%	12.3%	1%	2.7%
Rural hills western	47%	36%	6%	6.6%	1%	1%
Central mountains		45%		5.1%		2.8%
Mountains	61%	52.9%	7%	7.7%	2%	3.2%
Hills		42.1%		8.9%		1.7%
NDHS: Nepal Demographic and Health survey 2011						
NLSS: Nepal living standards survey 2011/2012						

The above comparison basically highlights the fact that SAM is not a problem in the earthquake most affected areas. The number of cases would be in any case very small and related with other factors rather than food access. Moreover, MAM is normally not seen as a medical condition in Nepal and MAM cases are rarely referred to health services. In addition, corporate agreements leave to WFP the strategies and response to MAM, which further challenges the coherence of the response in addition to the already probably wrong estimations of GAM. This is, of course beyond the means of the NCO management or nutrition section specialist to address.

This lack of consistency of expected targets has consequences in terms of resource mobilization and programme design and should be addressed institutionally. In this case available information would

not support expected high numbers of GAM, while the rest of the nutrition blocks are rather development oriented interventions addressing factors of chronic malnutrition, not related with acute events such as natural disasters. All the above raises some issues regarding the appropriateness of the response modality adopted, irrespective of the coverage and effectiveness aspects..

*It has been already noted in other crises that the estimations of SAM and MAM based on prevalence figures does not relate with the incidence of the condition over a period of time (see previous reports: RTIA of UNICEF response to the Sahel nutritional crisis, 2012; the Mali RTE, 2013; and the Mauritania CS programme evaluation, 2014). This is a systemic problem of UNICEF, which requires a corporate clarification. To our knowledge, there is limited published work on the estimation of the incidence and untreated duration of acute malnutrition.<sup>32</sup>*

*The inadequacy of the currently used method to estimate the number of SAM patients to be expected to treat is such that major errors are bound to occur when planning SAM programmes. Statistically speaking, SAM is a rare event, usually with a prevalence of less than 5 per cent. Confidence intervals are often very broad. As SAM is a relatively rare condition, its prevalence can be estimated with a reasonable precision only with very large sample sizes. With the current usually used SMART survey sample size, the 95 per cent confidence interval for the proportion of SAM children with a point prevalence of 3 per cent varies from 1.4 to 4.6 per cent.<sup>33</sup> This margin of uncertainty seriously limits the use of this estimate for planning the number of children to be treated. For instance, for a point prevalence of 3 per cent (the estimated SAM prevalence in the worst districts in Nepal), the sample size needed to have a confidence interval of +/-0.5 per cent is nearly 9,000 children.*

*Ideally, the conversion coefficient should be derived from data of cohorts of children regularly measured. Few of this type of data exist from the literature. Alternatively, the correction factor can also be estimated from programme data. The correction factor can be calculated from information generated by any programme with an initial nutritional assessment, an active detection system and an estimated coverage, the latter two variables also giving an estimate of incidence. The CNW offered as well the possibility of a more adapted estimation of SAM prevalence and likely incidence, as it managed to screen most of the children at risk.*

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<sup>32</sup> See: Sheila Isanaka\*, Rebecca F. Grais, Andre' Briend, and Francesco Checchi, *Estimates of the Duration of Untreated Acute Malnutrition in Children From Niger*; American Journal of Epidemiology Advance Access published March 4, 2011

<sup>33</sup> From WHO's draft paper (unpublished): Predicting resource requirements for programmes treating children with severe acute malnutrition.

## Annex 8: Justification of team composition

The evaluation team was composed of four members: Ricardo Solé (Team leader), Caroline Howard (International Gender and Protection Expert), Gana Pati Ojha (National Expert), and Colleen McMillon (Analyst).

**Ricardo Solé** (Team Leader) has extensive experience in the evaluation of aid response in complex emergencies (HRI missions including Chad, Ethiopia, Haiti, Central African Republic and Zimbabwe), and health sector assessments and evaluations in Niger, Mali, Afghanistan, Guatemala, Colombia, Myanmar, oPT, Egypt, DRC, western Sahara, etc. He led the UNICEF WCARO Real Time Independent Assessment in 2012 and participated in the 2013 Real Time Evaluation of the UNICEF response in Mali and Mauritania's UNICEF child survival program evaluation in 2013. His recent assignments include as team leader for the evaluation of ECHO funded actions in coastal West Africa 2008-2014, the evaluation of WFP's country portfolio in DRC (period 2009-2013) and the evaluation of the UNHCR response to the influx of Syrian refugees in Lebanon and Jordan. He also participated in the launch of the Humanitarian Track Five project in Mali, Dahlia's initiative to communicate and promote the use of recommendations from evaluations. He has field operational experience in relief and development aid, in co-ordination, planning and evaluation, especially in the health and nutrition sectors, including field posts in fragile states and in complex emergencies. He has a public health and medical (clinical and managerial) background, with a Master in Public Health and Health Management, Degree of Specialist in Internal Medicine, and M.D. degree. He speaks English (fluent), Spanish (native), and French (fluent). Country experience in the region: Afghanistan, Indonesia, Sri Lanka

**Caroline Howard** (International Gender and Protection Expert) has over ten years' human rights monitoring, research and project management experience, including on women's rights and SGBV in conflict and post-conflict contexts. She is an expert in internal displacement, specialising in data collection and protection analysis. She has worked for the UN Assistance Mission in Afghanistan, the UN Mission in Sudan, the Norwegian Refugee Council (NRC), Internal Displacement Monitoring Centre (IDMC) and Asylum Aid. As the Humanitarian Policy Advisor for NRC, she supported research and policy engagements on humanitarian principles and protection. She served as Head of Department in the IDMC for the Middle East, Europe, Caucasus and Asia managing research and data collection on conflict and disaster-induced IDPs in over 25 countries, including Nepal, Iraq and the Philippines. As the Country Analyst for Nepal, Pakistan, Afghanistan and India she conducted research, advocacy and protection analysis, including on IDP women/children. She is trained in SGBV investigations (interviewing skills, legal frameworks, investigation techniques), and has expertise in leading, managing and working within cross-cultural, multi-disciplinary research teams and expertise in research, report-writing and advocacy. Caroline has an Executive Masters in International Law in Armed Conflict, an LL.M in International Human Rights Law and a Graduate Diploma in Law/Common Profession Exam. She speaks English (native), French (intermediate) and Portuguese (intermediate). Country experience in the region: Afghanistan

**Dr. Gana Pati Ojha** (National Expert), founder and current Chairman of the Community of Evaluators in Nepal, brings nearly 15 years of experience in leading research studies, performance and impact evaluations for numerous donors including UNICEF, WFP, UNHCR, , UNDP, UN WOMEN, CARE International, Oxfam, Concern Worldwide, AusAID and USAID in 10 countries. His combined evaluation, research and management experience has spanned more

than three decades and included a wide variety of sectors such as agriculture, food security, civil society, and education with gender and social inclusion, being a focal issue on many assignments. Dr. Ojha has led more than 26 evaluations and served as a team member on 11 more. His work has included leading and contributing to evaluation design, development of project PMPs, selection and orientation of multidisciplinary evaluation team members, team orientation, quantitative and qualitative data analysis, result-oriented participatory approaches, preparation of final reports and dissemination of lessons learned. His experience evaluating humanitarian programmes includes serving as part of DARA's evaluation team on the Impact Evaluation of Food Assistance in Protracted Refugee Situation of Bangladesh for WFP and UNHCR. He has firm understanding of the Nepal context, having undertaken over 50 assignments in Nepal over a wide range of sectors. Recently, he was a Senior Researcher for MSI managing locally a performance evaluation of the SERVIR project (provided predictive models for environmental threats from satellite data) under the USAID E3 Analytics and Evaluation Project. Furthermore, as a gender and social inclusion expert, Dr. Ojha has not only conducted project evaluations focused on the empowerment of women and marginalized groups, but has also served as an expert in the area. Dr. Ojha is also the Vice-president of Community of Evaluators-South Asia and he recently developed participatory M&E guidelines for the Nepal National Planning Commission to be used by the entire government M&E system. He speaks English and Nepali fluently. Country experience in the region: Nepal, Bhutan, Bangladesh, Afghanistan, India, Timor-Leste, Tajikistan, Pakistan, Philippines, China, Maldives

**Colleen McMillon** (Analyst) is a DARA staff member and humanitarian and international development professional with experience in quantitative and qualitative analysis and communications. Recently, she was the data analyst for the evaluation of the WFP Somalia Protracted Relief and Recovery Operation (PRRO), Strengthening Food and Nutrition Security and Enhancing Resilience. For the evaluation of the UNICEF Response to the Crisis in CAR she conducted qualitative analysis, data analysis, desk research and provided general support to the evaluation report and process. For the Risk Reduction Index in West Africa and the FOREWARN Initiative in Burkina Faso, which aims to reduce the impact of disasters on vulnerable local communities, she conducted desk research and assisted with development of content. She was also a part of the team for The Listen and Learn Project: Improving Aid Accountability in Haiti, in which she conducted qualitative analysis, desk research and assisted with development of content. She has provided support for the WFP evaluations, Regional EMOP to the Mali refugee crisis and Zimbabwe PRRO, providing desk research and assisting with the Inception report. She has excellent analytical skills and is familiar with software tools for quantitative analysis and communications, including SPSS, InDesign, Wordpress, and Adobe Photoshop. Colleen has a Bachelor's degree in Mathematics and German and a Master's degree in International Development. She speaks English (native) and Spanish (advanced). Country experience in the region: Cambodia and Mongolia