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**Aktion
Deutschland Hilft**
Das Bündnis der Hilfsorganisationen

Final Report of: December, 2016 to May, 2018

Country:	Nepal
Region:	CDECF, Sindhupalchwok
Sector:	DRR, WASH and Health

Project Title: Disaster Resilient Community Support Project

Executive Summary of the Project:

Bilateral coordination with the NGOs working in DRR, WASH and Health sector was continued throughout the project period. Pre-consensus agreement between MI and District Development Committee (DDC), Sindhupalchwok (DDC) was done on 8th July, 2016. Project agreement between CDECF and MI Nepal was done on 12th December, 2016. Staff hiring and necessary orientation to the recruited staff was done in the month of January, 2017. Village induction program in both the VDCs was organized on 2nd and 13th February, 2017 in Pangretaar and Lisankhu respectively. In health sector, tender notice for reconstruction of Pangretaar Health Post was issued on 4th January, 2017. Bajra Nirman Sewa was selected as vendor for the reconstruction. Formal agreement with Bajra Nirman Sewa was done on 12th February and construction was started from 21st February, 2017. Need for retaining wall was identified. However, sufficient budget was not available for that purpose so, MoU was signed with the Health Facility Operation and Management Committee (HFOMC), Pangretaar on 23rd February, 2017, to provide locally available materials namely, sand and stone, for the construction of retaining wall. Reconstruction of Pangretaar health post completed in May. Monitoring visit from DHO (District Health Office), Sindhupalchwok was done in last week of May, 2017. The newly built health post was jointly inaugurated by Chief District Health Officer, Sindhupalchwok and Chairperson of Sunkoshi Rural Municipality on 2nd June, 2017. Health post was upgraded to birthing centre on 19th February, 2018. After the need assessment, final list of equipment to be supported was prepared in necessary coordination with DHO, Sindhupalchwok, respective health posts and MI Nepal program team. The equipment were handed over to respective health posts in second week of September in presence of HFOMC. Necessary follow-up activities regarding proper use of the equipment was carried out after then.

In WASH, a total of eight schemes (four in Lisankhu and four in Pangretaar) were rehabilitated. Now 2035 people from both the VDCs have access to safe and sufficient drinking water. Survey conducted by previous NGO and our door to door visit revealed that there is no need for latrine support in Pangretaar. All the families have their own latrines. This has also been approved by V-WASH-CC, Pangretaar. Apparently in Lisankhu, total sanitation monitoring committee was formed under the leadership V-WASH-CC with support from the bilateral NGOs working in WASH sector including CDECF. Upon door to door survey conducted by the committee, a total of 60 households were identified for the latrine support. However, we had only planned to support the needy ones based on criteria such as elderly, disable, poor, single women. Field visit was done to verify the identified households and it was found that most of the identified households were economically well off to construct the latrines themselves and few of them were also found to be belonging to same households but demanding separate latrines. So, among the identified, 14 households were finalized and supported as per the norms set by DWASH-CC, Sindhupalchwok. This was

approved by the W-WASH-CC as well. Hygiene campaign was conducted on 15th and 16th June in Pangretaar and Lisankhu, respectively. 856 people participated in the campaign. Sanitation campaign was organized by ward office of Lisankhu Pakhar-2 in September at Lisankhu. A total of four community level hygiene promotion and behaviour change session (two in each VDC) was planned and carried out in February and March, 2018. 103 people were participated in the program. Nine school level hygiene promotion and behaviour change session (five in Pangretaar and four in Lisankhu) were planned and conducted in March, April and May, 2018. A total of 339 students were benefited by the program. After completion of hygiene promotion sessions, hygiene competition was organized in seven schools. Two schools were opted out as school children were relatively younger and not able to participate in the competition. A total of 145 students participated in the competition. With aim of providing necessary support for waste management, CDECF in necessary coordination with respective ward committees of our project catchment areas supported for disposal pits in 31 places (11 in Pangretaar and 20 in Lisankhu). The places from respective ward were finalized after the field visit. Only such places where the ward office could allocate the responsible body for the management of the disposal rings after its installation were finalized. After need identification and series of coordination meeting, formal agreement for construction of public latrine was signed on 31st December, 2017. The construction completed in May. The handover and social audit program was organized on 27th May. In DRR, LDRMP- Local Disaster risk management plan was already prepared in both the VDCs by the bilateral organizations working in respective VDCs. DDRC (District Disaster Relief Committee), Sindhupalchok halted activities in DRR after new local level structure came into existence from 10th March, 2017. So, project activities related to DRR was halted until 4th September, 2017. A meeting was organized on that day by DDRC regarding the restructuring of LDMC and formulation of LDRMP for Chautara Sangachokgadhi municipality. In the meeting it was agreed that for those then VDCs, which have been split into more than one wards, separate LDMC and LDRMP will be formed for each ward and single LDRMP covering the whole municipality will be prepared by compiling all the LDRMPs of the VDCs. Replication of same process in all the municipalities and rural municipalities of Sindhupalchok was agreed in the meeting. CDECF coordinated with the RMs and bilateral NGOs working in DRR to initiate the DRR activities. Ward level Disaster Management Committee was formed in all three wards of the project catchment area. Proposed activities under DRCSP, which was prepared after need assessment with support from MI Nepal Program team, was approved by disaster management committees of all three wards. Regarding DRR mitigation activities construction of retaining wall in Pangretaar health post Gabion wall in Dhungeswara water scheme and rehabilitation of irrigation canal of Paatle was done in Pangretaar. Likewise, construction of gabion wall in Budhodaya Secondary school and Mahadevsthan Basic School and stone masonry wall near by the public latrine was done in Lisankhu. Search and rescue equipment were provided to the ward level disaster management committee of all three wards. Three DRR simulation and orientation program was organized (two in Lisankhu and one in Pangretaar) for school students of six schools. A total of 75 students participated in the program. All the planned project activities and some additional activities were carried out under DRCSP project. Nevertheless, they could not be completed as per the timeline mentioned in the DIP because of the local level and province level election and extreme weather condition. MI Nepal team was regularly updated regarding this matter.

Project Duration (from/to): 01.12.2016-31.05.2018

1) Initial Situation and Target Group Analysis (please briefly summarize the situation before the project starts and provide detailed information about the target group):

The earthquake of 7.8 rector magnitude on 25th April and the series of aftershocks, including 7.3 rector magnitudes on 12th May, 2015 caused devastating impact in the country. With more than 8,500 human casualties and more than 18,000 injuries, the earthquake destroyed more than 300,000 physical infrastructures affecting 6 million people. Among the 14 hardest hit districts, Sindhupalchok suffered the most with more than 3,500 human casualties alone in the district, and more than 95% houses are damaged. Lisankhu and Pangretaar were one of the badly affected VDCs of the districts. Residential building without any damage was a rare sight. Apart from the residential buildings, public facilities like water supply schemes, health post building, schools, VDC office, Vetenary office and many others were either damaged or completely destroyed. In addition to this, many of the water sources dried up rendering the functioning water schemes useless thus worsening the situation. The villagers had to bear high time and physical burden just to fetch water. Furthermore, they had to share few remaining latrines making them vulnerable to poor sanitation borne diseases. Moreover, two major earthquakes and series of aftershocks made many residential areas, schools prone to landslide. Both the VDCs were not prepared to face such mega- disaster.

The major beneficiaries of the project were earthquake affected communities of Lisankhu and Pangretaar VDCs. Necessary priority was given to the disadvantaged and marginalized groups.

S N	VDCs	Tota l HH	Total Pop n	Wome n	Men	Dali t	Janajat i	Death in earthquak e	Disable d
1	Lisankhu	938	3774	2021	175 3	194	3030	0	159
2	Pangretaa r	762	2952	1524	142 8	613	739	21	57

Source: District Profile, 2071B.S.

The following were the estimated number of target groups/population under the Disaster Resilient Community Support Project:

Coverage population by health facilities: 10,000

Formation and capacity building of 6 water users groups

Clean drinking water coverage: 2,000 people

Latrine facilities to 70 HH reaching directly over 420 people

Capacity building of 18 ward level community based disaster risk management committee (CBDMC) and 2 VDC level local disaster risk management committee (LDRMC)

2) Project Planning *(please briefly summarize how the project was planned):*

Project activities were planned as per the identified need of the community. First and foremost, a village induction program was organized in both the VDCs. Necessary suggestion and insights were provided to the project team for implementation, from the proram. Detailed implementation plan (DIP) was prepared after that, with necessary support from MI Nepal program team. Monthly plans were prepared as per the DIP and project activities were carried out. The planned and accomplished activities were reviewed in monthly staff meeting. If any deviations, it was addressed with necessary actions. In case of DRR, separate plan was made with necessary support from MI Nepal program team as the planned activiites no longer adressed the need of the community people. In addition to this, concept notes were submitted to MI Nepal program team before planning any major events. The then obtained suggestions were incorporated during the planning process. Moreover, regular DPAC meetings, Social Audit and review meetings further polished the program planning and implementation.

3) Project Implementation (Project Objectives, Activities and Results: please describe the achievement of the project objectives, results and the implementation of the activities. In case of deviations from the original project planning, please provide explanations and justifications. In addition, please complete the indicator table below).

Objectives

General objective: To contribute to earthquake rehabilitation process, reduce vulnerabilities and strengthen resilience of earthquake affected and prone population in Nepal.

Specific objective:

People in Pangretar VDC and neighboring VDC will receive basic medical health services at earthquake resilient (re)constructed health facility.

People will have access to improved WASH facilities including clean water, low cost toilets and awareness on health and hygiene related issues.

Ward and VDC committees have enhanced capacity in Disaster Risk Management and are prepared for better disaster response.

Major Project Activities and achievements are as follows:

Health

Reconstruction of Pangretaar Health Post

Preliminary activities

District health office, Sindhupalchok provided CDECF with the recommendation letter on 27th July, 2016 regarding the reconstruction of Pangretaar health post and basic equipment support to total four health posts. Meeting between donor, partner NGO and health post was conducted for reconstruction of Pangretaar health post on 8th August 2016. Availability of land for the reconstruction of the health post was discussed in the meeting. Also, the approval for the reconstruction of the health post was provided by Pangretaar VDC on the same day.

Tender notice and vendor selection

Invitation to tender for reconstruction of Pangretaar health post (prefab type 2) was issued on 4th January 2017 in Rajdhaani Daily. Among the three vendors, Bajra Nirman Sewa was selected on basis of quality of service and cost effectiveness by the procurement committee.

Construction of the health post

Pangretaar health post construction and monitoring committee, comprising of members from Health Facility Operation and Maintenance Committee (HFOMC), Pangretaar and health post staffs, was formed on 2nd February, 2017 for necessary support and coordination during the reconstruction period. The committee was formed under the chairmanship of Mr. Dan Bahadur Karki, coordinator of ward number five ward citizen forum (WCF).

Meeting with the MI Nepal program team and Pangretaar health post staff was organized on 9th February in Pangretaar regarding the unavailability of land according to the provided standard design and need for retaining wall. Construction of health post close to the property line and proposing community to provide material and unskilled labour support for retaining wall was agreed at the meeting. After that, MoU was signed with Pangretaar health post to provide locally available materials (sand and stone) for the construction of retaining wall on 23rd February.

Agreement with Bajra Nirman Sewa was done on 12th February and construction work was started from 21st February. Supplemental agreement with Bajra Nirman Sewa for the construction of retaining wall was done on 19th March. Pangretaar health post reconstruction

(prefab type II) completed in May. During this period there were regular monitoring visit from MI Nepal program team and necessary support was provided when needed. Monitoring visit from the District Health Office, Sindhupalchok was done in the last week of May.

Inauguration of Health Post

Health post inauguration program was organized on 2nd June in necessary coordination with District health office. The health post was inaugurated jointly by Dr. Surendra Prasad Chaurasiya, Chief District Health Officer and Mr. Shrawan Kumar G.C, Chairperson of Sunkoshi Rural Municipality. On the inauguration ceremony, the Chief District Health Officer made commitment to upgrade the health post into birthing centre as staffs necessary to run a birthing centre is already available and newly constructed health post provides necessary infrastructure for it. Ms. Isabel Brenn from MI headquarter also attended the inauguration program.

Upgrade to Birthing Centre

Pangretaar health post was upgraded to birthing centre on 19th February jointly by member of house of representative, Mr. Suresh Nepal and District Health Officer Dr. Pomawati Thapa. The health post is now providing 24 hour birthing service to the population who had to visit higher health facility with about 3 hours travel time otherwise. Birthing centre witnessed first delivery of baby boy on 2nd March, 2017. Two deliveries have been done in the health post till date.

Equipment support to health post

The identified four health posts for equipment support were Mankha, Pangretaar, Thumpakhar and Lisankhu health posts respectively. Orientation regarding the use of need assessment checklist was provided by MI Nepal program team on 13th April, during first quarterly review meeting. Field staffs were oriented accordingly. Need assessment in identified health post was carried out. The final list of the equipment to be supported was prepared in necessary coordination with DHO, Sindhupalchok, respective health post and MI Nepal program team. The equipment were procured on 4th September and were handed over to respective health post in second week of September (on 10th September in Pangretaar and Thumpakhar Health Post, on 11th September in Lisankhu Health Post and on 15th September in Mankha) in presence of HFOMC of respective health posts. Follow-up regarding the proper use of supported equipment was carried out.

WASH

Rehabilitation/Reconstruction of water supply schemes

Preliminary activities

Situational analysis was done during the initial phase of the project. Identification of bilateral NGOs working in WASH were identified. Gramin Mahila Srijansil Pariwar (GMSP) worked in both the VDCs in WASH sector. Coordination meeting with the V-WASH-CC of respective VDCs were done. Both the VDCs were in post ODF situation and gradually moving towards total sanitation.

Scheme Identification

Total six water schemes were identified by the V-WASH-CC in both the VDCs at first, three in each. Namely, Jafeli, Shishibot and Dhusune water scheme in Pangretaar and Dunche,

Nardim tothi and Thannagi Dobhan water scheme in Lisankhu. Later Thannnagi Dobhan water scheme (ward-8) identified by then V-WASH-CC in Lisankhu was found to be already surveyed by another bilateral NGO working in that area named GMSP, so, we opted out that scheme and decided to focus on identified two schemes and later identify another scheme depending upon the availability of budget. We did the detail engineering survey of the identified all five schemes. During detail survey it was found that source of jafeli water scheme (Pangretaar) was on the verge of drying. Water discharge at source had diminished since 2015 earthquake. Based on this, we presumed that source will dry out soon. That's why investing on this scheme was unlikely to result sustainable benefit so we opted out rehabilitation of Jafeli water scheme as well. Also, consumers of Dhusune and shishibot water schemes of Pangretaar were found to be overlapping. After detail survey, it was found that only 4 households consume water only from Dhusune water scheme, remaining (102 HHs) consume water from either only Shishibot or both Shishibot and Dhusune. So, rehabilitation of Dhusune water scheme was also opted out. Only Shishibot water scheme was rehabilitated, the remaining four households not covered by this scheme was also be covered during the rehabilitation. In this way, three water schemes out of six were finalized and rehabilitated in the first phase.

In second phase depending upon the budget availability, five water schemes (two in Lisankhu and three in Pangretaar) were finalized in necessary coordination with W-WASH-CC of all three wards. The water schemes were Dihi water scheme, Dhungeswara water scheme Gaipailey and Dhungeswara water scheme Paatile in Pangretaar. Likewise, Deutakhola water scheme and Jakjok water scheme in Lisankhu. With this a total of eight water schemes were identified for rehabilitation/reconstruction under DRCS (four in Pangretaar and four in Lisankhu).

Water User Group Formation

CDECF facilitated in the formation and reformation of water user group in each supported water schemes. 7-9 membered water user group were formed. The water user group was formed based on the criteria such as the member should be one of the beneficiaries of the scheme, they should be interested and willing to undertake the responsibility for overall maintenance and protection of scheme and the formed group should be inclusive with involvement of disadvantaged and marginalized community. The scheme was handed over to the water user group after the construction work was completed.

Rehabilitation of identified water schemes

Shishibot water scheme

Need for new intake and pipeline in some portion was identified during detail engineering survey. Shishibot water scheme was already registered in Drinking Water and Sanitation Division Office (DWSDO), Sindhupalchok. Monitoring sub-committee consisting of 5 members was formed to provide necessary support during the rehabilitation. Orientation was provided to the water user group regarding the working mechanism of CDECF for this particular scheme. It was agreed that CDECF will be in charge of all the construction activity while unskilled labour will be contributed from the community. After series of meeting with the Shishibot water user group, formal agreement for rehabilitation of the scheme was done on 28th May, 2017. After completion of the construction work, scheme handover and social audit program was organized on 13th November.

Now 521 people from 106 household will be benefited from the rehabilitated water scheme.

Nardim Tothi water scheme

Nardim tothi water scheme was completely new scheme. It was not registered in DWSDO. CDECF coordinated with the water user group and DWSDO for the registration process. Since this was completely new water scheme, so, in necessary coordination with MI Nepal team, we decided to give the responsibility of the all the construction work to the water user group. The water user group was formed on 19th April, 2017 with 9 members (including 3 women members). The agreement with water user group was done on 25th May, 2017. It was agreed that CDECF will provide technical and financial assistance and the respective water user group will be responsible for all the construction activities including the procurement of construction material in necessary coordination with CDECF. Community people had agreed to contribute unskilled labour. Orientation was provided to the user group regarding necessary documents needed during procurement, that user group need to submit to CDECF. The fund was provided to the user group in two instalments (60% in first instalment and 40% in second instalment). Second instalment was provided to the water user group after all the necessary documents regarding the expenditure of first instalment was submitted to CDECF. After completion of construction work, handover and social audit program was organized on 20th September.

Dumche (Sajhaban) water scheme

Need to change entire pipeline (1150m) was identified during detailed engineering survey. We organized series of meeting with the water user group for agreement. However, the water user group denied to contribute unskilled labour since other organizations working in WASH in Lisankhu were providing wages for unskilled labour as well. So, to address this issue we organized a meeting with the water user group on 1st June, 2017. There, we explained the working modality of our project and importance of community contribution for community ownership. They agreed to contribute unskilled labour and formal agreement with the water user group was done on the same day. It was agreed that CDECF will be in charge of all the construction activity. After completion of pipe laying, handover and social audit program was organized on 20th September.

Dihi water scheme, Pangretaar

Dihi water scheme was also completely new scheme. It was not registered in DWSDO. CDECF coordinated with the water user group and DWSDO for the registration process. Need for construction of intake and reserve tank and 400m pipeline was identified during detailed engineering survey. Need for additional 400m, 20mm pipeline was identified later. Before starting the construction, series of meeting with the water user group was organized. It was agreed that CDECF will be in charge of all the construction activity while unskilled labour will be contributed form the community. The formal agreement with the water user group was done on 1st August, 2017. After completion of construction of scheme, handover and social audit program was organized on 4th December in presence of Chairperson of CDECF. However, after few months the source of Dihi water scheme dried up. New source was identified and support for construction of new intake and additional pipeline was provided by MI/CDECF.

Patle water scheme, Pangretaar

Patle water scheme was destroyed by landslide in July, 2017. Ward office of Pangretaar approached CDECF to support in rehabilitation of the destroyed water scheme. During preliminary survey it was identified that reserve tank was completely buried by the landslide. CDECF supported in construction of new reserve tank. The water scheme was already

registered in DWSDO and had very active water user group. Necessary coordination meeting was organized and the formal agreement was done on 30th November. It was agreed that CDECF will be in-charge of all the construction activity while unskilled labour will be contributed by the community. After completion of construction activity, scheme was handed over to the community after social audit on 4th February, 2018.

Dhungeswara water scheme, Pangretaar

Dhungeswara water scheme was already registered at DWSDO, Sindhupalchok. After series of meeting with the water user group and detail engineering survey, need for maintenance of intake, reserve tank and change of some portion of pipeline was identified. The formal agreement was done on 16th October. The working modality for this water scheme was same as others; CDECF will be in-charge of construction activity while unskilled labour will be contributed by the community. The scheme was handed over to the community after social audit on 5th February, 2018.

Jakjok water scheme, Lisankhu

Jakjok water scheme was already registered in DWSDO. Need for construction of intake and 250m pipeline was identified during detailed engineering survey. Series of meeting was organized. New water user group was formed on 15th October, 2017 and formal agreement was done on 18th October, 2017. The working modality for this water scheme was same as others, CDECF will be in-charge of construction activity while unskilled labour will be contributed by the community. The scheme was handed over to the community after social audit on 11th March, 2018.

Deutakhola water scheme, Lisankhu

Deutakhola water scheme of Lisankhu was completely new water scheme. It was not registered in DWSDO Sindhupalchok. CDECF facilitated in registration process in coordination with DWSDO. Need for construction of two intakes, one reserve tank and 1200m pipeline was identified during detailed engineering survey. 9 membered Water user committee was formed in 25th July. 5 membered monitoring sub-committee was also formed on same day for necessary monitoring during construction of water scheme. After series of meeting with the WUG, it was agreed that CDECF will be in-charge of construction activity while unskilled labour will be contributed by the community. The formal agreement was done on 15th October, 2017. The construction was completed and the scheme was handed over to the community after social audit on 11th March, 2018.

Latrine support

During the inception period of the project, need for latrine support was identified and hence it was planned that 70 households will be supported for latrine construction in both the VDCs. However, other bilateral NGOs working in our project catchment area also had the similar target so the instead of targeted 70, only 14 latrines were only supported. Apart from this, DWASH-CC, Sindhupalchok issued a mandate to only provide Rs.5000 as reward for the latrine construction. Any kind of cash or material support other than this was strictly prohibited. Therefore, with necessary coordination and support from MI Nepal program team, construction of public latrine was planned with the surplus budget.

Identification of households for latrine support

According to survey conducted by the previous NGO and our door to door visit, there was no need of toilet support in Pangretaar. This was approved by the V-WASH-CC of Pangretaar as well. In case of Lisankhu, total sanitation monitoring committee was formed under the leadership of V-WASH-CC with support from bilateral NGOs working in WASH sector including CDECF. The monitoring committee upon its door to door survey had identified a total of 60 households for latrine support. However as per our verification of the identified households based upon the criteria (elderly, single women, ultra-poor, disable) we identified only 14 needy households for latrine support. This was approved by the W-WASH-CC (Ward WASH Coordination Committee). All the identified households were in LisankhuPakhar RM-3.

Support to identified households

The identified households were supported with Rs.5000 cash support as per norms of DWASH-CC. The cash support was provided after completion of construction of individual latrine was verified by W-WASH-CC of respective ward. The cash was provided in presence ward chairperson of LisankhuPakhar RM-3.

Construction of public latrine

Need for public toilet in Lisankhu-Pakhar RM-2 was identified. Coordination meeting with the stakeholders for identification of suitable location for the toilet and to determine how the maintenance of toilet will be done after the construction was organized on 11th September. Ward office agreed to take full responsibility for the maintenance and ownership of the public toilet. This was approved by the ward meeting as well on 14th September. Follow-up meeting was organized on 8th November, Ward agreed to support in land clearing and in construction of needed retaining wall. BoQ was finalized with necessary support from MI Nepal program team. The agreement with ward for the construction of public latrine was done on 31st December, 2017. The construction work started from the month of January, 2018 and completed in April. Necessary monitoring visit and support was provided by MI Nepal program team during this period. The scheme was handed over to ward on 27th May after social audit.

Leadership and group management training to WUGs

Apart from reconstruction/rehabilitation of eight water schemes, supporting in capacity building of the formed/ reformed water user groups was also one of the objective of the project. So, as a part of the project activity CDECF conducted two days leadership and group management training from 28th -29th August, with aim to improve leadership and group management skills of the water user groups. Chairperson, Secretary and Treasurer of the formed/ reformed eight water user groups participated in the training. Mr. Harka Bahadur Tamang was selected as the facilitator for the training by the procurement committee of CDECF. A total of 22 participants were present in the training, 12 from Pangretaar and 10 from Lisankhu. 8 of them were female and 14 of them were male. Pre-test and post-test questionnaire was used to assess the knowledge of the participants before and after the training. Before the training participants could secure 37% marks on average while after the training the average marks increased to 61%.

Overall, the training was successful and impactful. The participants were provided with necessary information regarding their roles and responsibilities and also the function of WUG. As all the WUGs are newly formed or reformed, so this training definitely provided

them with necessary insights for effective operation and management of water user group. Participants have even committed for the sustainability of the WUG at the end of the training. Detailed report was submitted separately to MI Nepal.

Operation and Maintenance Training to WUGs

Three days operation and maintenance training was organized from 10th to 12th April, 2018 with aim of equipping participants with knowledge and skills for effective operation and maintenance of the water schemes in the long run. Three participants from each water user group were invited in the training. Mr. Subash Pyakurel and Mr Shambhu Khatri (from DWSDO, Sindhupalchok) were selected as facilitator by procurement committee of CDECF. Topics such as water sources and its type, hygiene and sanitation and its importance, roles and responsibilities of WUG, source protection and maintenance of buried pipe, operation and maintenance tools and its use, pipe cutting and threading, fittings and many other were discussed. Practical session was given equal priority and field visit was arranged for the participants in last day of training. A total of 20 participants actively participated in the training. Pre and post questionnaire was used to evaluate the overall training. The average marks obtained was 6.95 out of 20. However, the average score significantly increased to 12.24 out of 20 after the training. Necessary support and follow-up of the training was done from MI Nepal program team.

A separate detailed report has been submitted to MI Nepal.

Registration of water schemes

Among total eight water schemes rehabilitated, three were not registered in DWSDO. The three water schemes were Dihi water scheme, Pangretaar, Deutakhola and Nardim tothi water scheme, Lisankhu. CDECF supported in registration of these three water scheme. However, decision regarding the registration of these schemes has not been provided yet by the district water resource committee of Sindhupalchok.

Hygiene Promotion

WASH awareness campaign

With aim of raising awareness regarding the importance of hygiene and sanitation among the community people, CDECF organized hygiene campaign in necessary coordination with MI Nepal program team. Two WASH awareness campaigns were conducted one in Shree Sharada Seti Devi SS, Pangretaar on 15th June, and next in Shree Buddhodaya SS, Lisankhu on 16th June. Key stakeholders :Chairpersons of respective rural municipality, Ward chairman of respective wards, District Education Officer, District health officer, District Engineer, Local Development officer, District Women Development Officer, Representative from schools, Health post in charge, representative from political parties were invited in campaign. Program team from MI Nepal also participated in the campaigns of both the VDCs.

Following major activities were conducted in both campaigns:

Exhibition

Different stalls were made and IEC materials illustrating different hygiene messages were displayed. A total of seven stalls were made displaying different hygiene messages; diseases due to poor hygiene and common routes of disease transmission, hand hygiene, oral hygiene, menstrual hygiene, water purification, waste management and food hygiene. Child-

clubs from respective schools were asked to volunteer for describing the messages of IEC materials displayed. Necessary orientation was provided to them.

Demonstration

Demonstration of hand-washing, brushing teeth, water treatment & safe storage and making of alternative sanitary napkins was done. Help from volunteering students was taken for re-demonstration.

Song Competition

Pangretaar: Song competition was done among the mother's group. A total of nine mother's groups participated in the competition. Song with Hygiene message was used. Maximum 7 members of each group could participate in the competition. Maximum time of 7 minutes was allocated for each group.

Lisankhu: Interschool song competition was conducted in Lisankhu. A total of three schools participated in the competition. Song with Hygiene message was used. Maximum 7 members of each school could participate. Maximum time of 7 minutes was allocated for each group.

Evaluation committee comprised of 3 artists with sound knowledge in WASH. The evaluation was based on set criteria such as presentation, content, relevance, time management, discipline and dress up.

Drama

Street drama on awareness of hygiene promotion was shown. Local folk media and popular theatre teams was used to deliver the messages to communities by incorporating hygiene issues in their drama scripts, which have been found to be effective among rural populations. The drama was of 45 minutes. Through the 45 minutes of drama, the characters tried their best to deliver key hygiene promotion messages. It left a good impact among the community people.

Information dissemination

Community people were informed regarding the WASH awareness campaign through school children, pamphlets and radio jingle from local FM radio called Radio Sunkoshi.

Evaluation of the campaign

Pre-test and post-test question was used to assess the knowledge regarding hygiene and sanitation. The questionnaire was administered in 25 participants of the campaign in both places through convenient sampling. It was found that majority participant had knowledge regarding basic concept of hygiene and sanitation prior to the campaign. However, our evaluation revealed that participant have now acquired more detailed knowledge on different aspects of hygiene and sanitation. Apart from this, they introduced with new concepts such as menstrual hygiene management and 3R method of waste management.

Community participation

Despite the monsoon, community participation was encouraging in both the campaigns. A total of 437 people participated in the Pangretaar whereas 419 people from different walk of their life participated in Lisankhu. Participation of women was encouraging in both the campaigns. As for Pangretaar 70% of the participants were female and in case of Lisankhu

51% of the participants were female. This can be attributed to different women empowerment activities conducted from government as well as non-governmental organization.

Although our target was 750 participants, we believe that we exceeded the target as there were 172 school children participant in case of Pangretaar and 143 school children participated in Lisankhu. Our project believes that the school children can be regarded as health ambassador for water and sanitation promotion at the individual household level. Health messages can be conveyed effectively to household and ultimately to community level through school children. So, it can be assumed that campaign covered approximately 100 families in both the VDCs through school children. Furthermore, we believe that involving school children in such programs plays an important role in health outcomes of students as student life is the moulding period when good health habit can be shaped and sustained.

Overall, the program was successful. However identification of vulnerable communities for conduction of more intensive hygiene promotion activities was felt,

A detailed report of WASH awareness campaign has been submitted separately to MI Nepal.

Sanitation campaign in Lisankhu

Sanitation campaign was organized on 10th November, 2017 under initiation of Lisankhupakhar ward number 2 office. CDECF provided necessary logistic support and actively participated in the campaign. Community people, representative from ward office, health post, police station and schools participated in the campaign. Cleaning of Kakling Bazaar was done on that day. Ward office had stated this campaign will be continued on regular basis.

Hygiene Promotion and Behaviour Change session at community level

CDECF with necessary support from MI Nepal program team conducted community level hygiene promotion and behaviour change session with aim to bring hygiene conducive behaviour change among community people through simple yet effective hygiene messages. Bilateral NGO named Gramin Mahila Srijansil Pariwar has been conducting similar sessions in both the VDCs. However, few such communities in need of intensive hygiene promotion and behavior change session were identified upon our field survey in coordination of respective wards offices. According to our findings, Dalits and Indigenous people are the major inhabitant of those identified communities. A total of four such sessions were planned and conducted by the end of April (two in Pangretaar and two in Lisankhu). 103 participants attended the event.

Hygiene Promotion and Behaviour Change session at school level

CDECF with necessary support from MI program team has planned to conduct school level hygiene promotion and behaviour change session with aim to bring hygiene conducive behaviour change among school students. It is believed that school health program plays an important role in health outcomes of students as student life is the moulding period when good health habit can be shaped and sustained. A total of nine sessions in nine schools were planned and carried out in March, April and May, 2018. The name of the schools were Shree Sarada Seti Devi Secondary School, Shree Jalapa Secondary School, Shree Suryodaya Basic School, Shree Gaukhureshwor Basic School and Shree Kaping Basic School in Pangretaar. Likewise, Shree Buddhodaya Secondary School, Shree Janasahayog Secondary School, Shree Mahadevsthaan Basic School and Shree Ghichhet Usidhum

Secondary School in Lisankhu. A total of 339 students were benefited by the orientation program.

Hygiene Competition

After completion of hygiene promotion and behaviour change session in all schools, hygiene competition was planned with aim of fostering hygiene friendly environment in schools and motivating teachers to include WASH components in their regular extracurricular activity for students. Necessary support from MI Nepal program team was provided to finalize the concept of hygiene competition. The hygiene competition was carried out in May. However, only seven schools were finalized Shree Kaping Basic School and Shree Gaukhureswor School from Pangretaar were opted out since students were relatively young and not able to participate in the competition. Drawing competition was organized for primary level students while elocution competition and poem reciting competition was organized for secondary level schools. The theme of the competition was hygiene and sanitation. A total of 12 competitions were organized in seven schools. Top four students were provided with prizes (stationery materials and hygiene kit). A total of 145 students from seven school participated in the competition and 48 of them were provided with prizes.

Waste Management

With aim of providing necessary support for waste management, CDECF in necessary coordination with respective ward committees of our project catchment areas, finalized a total of 31 places for need of disposal rings. The recommended places from respective ward committees were finalized after the field visit. Only such places where the ward office could allocate the responsible body for the management of the disposal rings after its installation were finalized. The disposal pits were installed in 31 places in both the VDCs, 11 in Pangretaar and 20 in Lisankhu.

Hoarding Board

Hoarding board displaying hygiene messages were installed in all three wards of the project catchment area. The board were installed in bazaar areas. The hoarding board was finalized with support from MI Nepal program team.

Deviation from original plan

During the inception period of the project, supporting 70 latrine and 6 water schemes was planned. However, during the implementation phase, need for latrine was only found in Lisankhu with only 14 needy households being identified. So, with necessary support and approval from MI Nepal program team and as per the need of community, construction of public latrine in Lisankhu Pakhar-2 and rehabilitation/reconstruction of additional two water schemes (one in each VDC) was planned with the surplus budget. Budget was shifted accordingly which was approved from MI Nepal in September, 2017.

DRR

Preliminary activities

Situation analysis during the initial phase of the project was done. Bilateral organizations working in the project catchment area were identified. Janahit Gramin Sewa Samiti (JGSS) and Tuki/Sabal worked in Pangretaar and Lisankhu respectively in DRR. LDRMP was already prepared in both the VDCs. Also, CBDRMP for 3 vulnerable wards was prepared in

Pangretaar. Some capacity building training was also already provided from their support in both the VDCs

Local level restructuring

However, all the DRR activities were halted by DDRC Sindhupalchok after the local level restructuring coming into existence from 10th March. DDRC organized a meeting on 4th September regarding the restructuring of LDMC and formulation of LDRMP for Chautara Sangachokgadhi municipality. In the meeting it was agreed that for those then VDCs, which have been split into more than one wards, separate LDMC and LDRMP will be formed for each ward and single LDRMP covering the whole municipality will be prepared by compiling all the LDRMPs of the VDCs. Replication of same process in all the municipalities and rural municipalities of Sindhupalchok was agreed in the meeting.

CDECF coordinated with the bilateral NGOs working in both the VDCs to initiate DRR activities. In case of Lisankhu, as it was divided into two wards (ward number 2 and 3 of Lisankhu Pakhar Rural Municipality) LDMC was formed in ward number 2 in coordination with Tuki/Sabal. In case of Pangretaar, project activities of Janahit Gramin Sewa Samiti phased out from March. They didn't organize the LDRMP sharing workshop.

Need identification and deviation from original plan

It was originally planned to support in formation of LDRMP and CDRMPs in both the VDCs and capacity building of the sub-committees. Also, equipment support to respective LDMCs was planned. However, LDRMPs in both the VDCs were already made in support from bilateral NGOs working on those areas. Furthermore, capacity building training such as first aid training, search and rescue training were also already conducted. That's why CDECF proposed different set of activities under DRR to MI Nepal program team, prepared after consultation with elected bodies in respective wards. It was approved from MI on 4th December. DRR mainstreaming training to the elected bodies, DRR orientation and simulation exercise to school students, equipment support to three wards (only two was planned before) and DRR mitigation activities were proposed in the new plan.

Ward Level Committee Formation

Provision was made to make ward committee comprising of the elected bodies to be responsible for all DRR related activities in the respective wards. Ward level disaster management committee was already formed in Pangretaar and ward number two of Lisankhu Pakhar RM. In case of ward 3 of the same RM, it was formed with support from DRCSP project. 11 membered committee was formed on 1st January under the leadership of Mr. Kazi Bahadur Lama, Ward Chairperson.

DRR Mainstreaming Training

With the aim of reinforcing ward committees to mainstream DRR in their regular planning process, three days DRR mainstreaming training was organized from 6th -9th April 2018. Eight participants nominated by the disaster management committees of each wards were invited in the training. The method for mainstreaming DRR/CCA and enabling environment needed for that to happen was discussed in the training. A total of 22 participants attended the training. Mr. Dayaram Pokharel was selected as a facilitator by the procurement committee of CDECF. The average score in the beginning of the training was 5.5 out of 20, it increased markedly to 13.25 out of 20 at the end of the training.

Equipment support

Apart from providing capacity building training, providing access to necessary resources for effective utilization of achieved skills is equally important. With this briefing, CDECF supported ward level disaster management committees of all three wards. Support to only two committees was originally planned nevertheless, all three committees were supported with approval from MI Nepal program team. The final list of equipment was prepared after the need assessment was carried out. The equipment were supported on 6th May in both wards of Lisankhu, while it was done on 7th May in Pangretaar. Common tools such as hammer, wrench and many others were supported. So, need for separate training for the proper use of the provided equipment was not needed. Nevertheless, short orientation was provided to the ward committee before handing over the equipment.

DRR simulation and orientation

With the aim to aware the school children on Disaster risk reduction and build their emergency response capacity DRR orientation and simulation activity was organized in third week of May. It was done in coordination with expert team from Nepal Red cross Society, Sindhupalchok. The program was effective and created pool of students with adequate knowledge and skills for disaster preparedness and emergency response. Also, the school children will act as carrier of information reaching wider community with DRR awareness messages. Expert team under the leadership of Mr. Rajkumar Lamsal from Nepal Red cross Society, Sindhupalchok was selected by procurement committee of CDECF for the simulation. The two day program included orientation in the first day, provided by the DRCS project team, and simulation on second day provided by the facilitators from Nepal Red Cross. During the simulation, the students from each of the schools were divided into two groups as first aid team and search and rescue team. Both the teams were given a short orientation about their roles and responsibilities. The teachers from the host school participated as well. Elected bodies and members from School Management Committee (SMC) also participated in the program. All the students of the host school was audience of the whole simulation session.

The scenario was provided to the students and teachers mainly focusing on earthquake. Search and rescue team was responsible to search the victims and injured person and to carry them to the first aid center and to the safe place while the first aid team was responsible for providing first aid treatment to the injured and refer them to hospital according to the severity of their injury. The participating teachers were responsible to prepare the list of injured and lost students and to prepare a short plan to address the emergency situation.

After completion of simulation exercise, a small discussion session was organized with the participants, Teachers, elected bodies and members from SMC. Feedback regarding the orientation and simulation exercise was obtained. Students were asked to share their experiences being the rescuer and service provider. The participating teachers, elected bodies and members of SMC were asked to share about the effectiveness of the program. The simulation program ended with feedbacks from them. Students of six schools were involved in the program.

A total of three such events were organized (one in Pangretaar and two in Lisankhu) merging students from two schools in each event. A total of 75 students of both the VDCs participated in the program. Evaluation of orientation program was done with the help of pre and post test. The average marks scored during pre-test was 3.88 which increased markedly to 12.22 in post-test questionnaire.

DRR mitigation activities

Retaining wall in front of Pangretaar health post

CDECF was approached by both ward level disaster risk management committee of Pangretaar and HFOMC (health facility operation and maintenance committee) of Pangretaar health post to provide necessary support for the construction of retaining wall in front of the newly built health post. After conduction of detailed engineering survey, the need for the retaining was verified. BoQ for the construction of retaining was prepared in necessary coordination with MI program team. CDECF organized a meeting with HFOMC on 18th September to discuss regarding this matter and also the possible contribution from their side for construction of retaining wall. HFOMC agreed to contribute Rs.50, 000 in kind support during the construction of the wall. Formal agreement with HFOMC was done on 28th December, 2017. Construction work was started and completed in January, 2018.

Gabion wall at Dhungeswara water scheme Pangretaar

Ward level disaster management committee of Pangretaar and Dhungeswara water user group requested CDECF to support in construction of gabion wall at the water source, as it was prone to landslide. Detailed engineering survey was carried out. The construction work both started and completed in January, 2018.

Gabion wall in Buddhodaya Secondary School, Lisankhu

CDECF was approached by ward level disaster management committees of LisankhuPakhar-2, to support in construction of Gabion Wall in Buddhodaya Secondary School. The school was in landslide prone area, Engineering survey was carried out. Agreement with the respective school for construction of gabion wall was done in 22nd March, 2018. The construction work completed in April.

Gabion wall in Mahadevsthaan Basic School, Lisankhu

CDECF was approached by ward level disaster management committees of LisankhuPakhar-3, to support in construction of Gabion Wall in Mahadevsthaan Basic School. The school was in landslide prone area, Engineering survey was carried out. Agreement with the respective school for construction of gabion wall was done in 22nd March, 2018. The construction work completed in May.

Gabion wall at Paatile, Pangretaar

CDECF was approached by ward committee of Sunkoshi RM-7, Pangretaar to support in construction of culvert as part of DRR mitigation activities under DRCSP. However after field visit, we realized that the construction of culvert would not be directly related to disaster risk reduction and it would not be efficient utilization of resources as well. So, we organized meeting of ward level disaster management committee of Pangretaar on 9th March, 2018, few possible areas for carrying out mitigation activities. Irrigation canal at Paatile was finalized. The canal was damaged by landslide. 75 households residing nearby were in risk because of this. Need for gabion wall, new intake and some portion of pipeline was identified. The construction both started and completed in May.

Stone Masonry Wall at Lisankhu

Need for stone masonry wall nearby the newly built public latrine was identified. Due land clearing for construction of public latrine, the construction site became prone to landslide. After engineering survey, the construction was both started and completed in May.

Beneficiaries detail of DRCSP project

Indicators	Final achievement
Project objective- To ensure access to adequate health services and WASH facilities and to strengthen local DRR capacities in two earthquake-affected VDCs in Sindhupalchowk.	
1) 10,000 people have access to improved health facilities.	9550 have received service by the end of May from the four improved health facilities.
2) 2,000 people have access to sufficient safe drinking water throughout the year.	422 households with 2,035 people have access to sufficient safe drinking water throughout the year.
3) 3,363 i.e. 50% of total population of Pangretar and Lisankhu VDC practice better hygiene behavior in three key areas (use of clean water, handwashing with soap in critical moments, safe excreta disposal)	1543 people were directly involved in the hygiene and sanitation promotion activities. Among them 799 were school children. School children are considered as carrier for hygiene messages to households and ultimately to community level. So, it was assumed that at least 500 families were reached through the school children. Although 3363 people were not directly involved, the targeted number is achieved through school children.
4) In 18 wards of 2 VDCs, DRR committees are strengthened and have functional capacities in line with national regulations.	With the new local level structure into existence, our project catchment area became three wards instead of two VDCs (Lisankhu was splitted into two wards) and the concept of CBDMC phased out with this. So, three ward level disaster management committees were formed and have functional capacities in line with national regulations. The necessary changes in the plan and the target was done in coordination with MI Nepal Program team. DRR mainstreaming training was provided to them.
5)The representation of poor, vulnerable and marginalized population in local public decision making bodies such as User Committees, User Groups is increased by 20%	In water user group formed/reformed under DRCSP project there 30% women involvement , 66% janajati involvement and 8.5% dalit involvement
Specific objective 1: Around 8,000 people have access to basic medical services in an earthquake-resilient (re)-constructed health post and 4 better equipped health facilities.	
1) 4 health posts in the project area received basic medical equipment.	Basic medical equipment were supported to identify four health posts.
2) Pangretar health post reconstructed with Pre-fab type -2 model.	After completion of construction work, the health post was inaugurated on 2 nd June, 2017. Health Post was upgraded to birthing center on 19 th February, 2018.
Specific objective 2: People have access to improved earthquake-resilient WASH facilities throughout the year and are aware of (or practice) improved hygiene behavior.	
1) At least 70 HHs supported with toilet material and constructed.	No need for latrine support at Lisankhu. 14 households in Lisankhu were supported with cash as per the norms of DWASH-CC. Construction of Public Latrine at Lisankhu
2) 6 water supply systems Were rehabilitated.	8 water supply systems were rehabilitated. As there was no need for latrine support in Pangretar and only 14 households were identified in Lisankhu. So, the surplus budget was used for water scheme rehabilitation as per the need of the community people.

Specific objective 3: Ward and VDC committees have enhanced capacity in DRM and are prepared for better disaster response.	
1) 18 different Ward level disaster management committee formed and oriented.	All three ward level disaster management committee were formed in the project catchment area. With the new local level structure into existence, our project catchment area became three wards instead of two VDCs (Lisankhu was splitted into two wards) and the concept of CBDMC phased out with this. So, three ward level disaster management committees were formed
2) Capacity building training conducted for two DRMCs in VDC level and 18 in ward level committees.	DRR mainstreaming training was provided to members of disaster management committee of all three wards.
3) CBDRMP developed for 2 VDCs and 18 wards.	LDRMP was prepared in both the VDCs. However, after local level restructuring the then VDCs were converted into three wards. So with this, concept of CBDRMC and CBDRMP phased out as responsible bodies such as Ward Citizen Forum were dissolved.
4) Five communities of each of two VDC received basic first aid and search and rescue equipment.	All three disaster management committee of the project catchment area has been provided with basic search and rescue materials.

4) Monitoring and Evaluation (how did you ensure the monitoring of the achievements of targets?):

Monthly plan was prepared based on DIP, and at the end of each month, review of plan verses achievement was done. Necessary action was taken in case of any deviation. Regular monitoring visit and field observation was done by the Executive Director and Project Coordinator. In additional, there was frequent monitoring visit from the board as well. Monitoring was done based on established process and output indicators during the project inception period. The feedback from the monitoring team such as need for few more orientation session for community people regarding the overall project , and more community involvement in project activities, helped in making DRCSP a community driven project. Futhermore, the discrepancy between the planned activites and the actual need in the field, jointly identified by the monitoring team and the project team helped in making necessary ammendment in the project activities and budget shifting. Necessary changes were made on the established indicator as per the need. Moreover, need for conduction of community hygiene promotion session in the vulnerable communitiy was also suggested by the monitoring team.

Furthermore, regular District Project Advisory Committe (DPAC) meeing and social audit also assited in keeping the project activities on track. The regular review meetings organized by MI Nepal also assited in this.

Final evaluation visit was done for each activities and the objectives achievement of project activities were ensured. In addition to this, the transparency and accountability of the overall project activities were also ensured during the final evaluation.

5) Problems with Project Implementation / Methods of Resolution (please describe the problems and challenges you faced during the implementation and how you overcame these):

Problems/ Challenges	Resolution
Lack of clarity on part of project staff regarding the project.	Meeting was held with Malteser International on 26 th January.
Lack of suitable land structure as per the specification in health post design.	Meeting was held with MI program team and Pangretaar health post staff on 9 th February. Construction of health post building close to the property line was agreed.
Need for retaining wall in Pangretaar health post and unavailability of budget for that.	Pangretaar health post agreed to provide with the locally available materials (sand and stone). Coordination with MI program team for availability of needed budget.
Difficulty in choosing water schemes as community people have higher expectation compared to the budget of the project.	With necessary coordination with V-WASH-CC water schemes that can be rehabilitated within the budget ceiling were identified.
Could not conduct the project activities as planned due to election.	Paced up some project activities after election in order to fit in the given time frame. Coordination with MI program team to reformulate the DIP for the delayed project activities.
Dispute in Sajaban water user group regarding the contribution of unskilled labour during rehabilitation.	A meeting with the water user group was organized on 1st June, 2017. There they were explained about the working modality of the project and importance of community contribution for community ownership. They agreed to contribute unskilled labour and formal agreement with the water user group was done on the same day.
Could not initiate any DRR activities as planned.	All the DRR activities of NGOs working in Sindhupalchok was halted by DDRC due to uncertainty after local level restructuring. Considering these issues, CDECF planned to initiate DRR activities after the election in necessary coordination with MI Nepal program team.
Difficulty in transportation of construction materials on time due to monsoon	Work schedule was extended in necessary coordination with respective WUGs.
Difficulty to conduct activities requiring community participation due to peak cultivation time.	Such activities were postponed.
Beneficiaries for latrine support were not willing to construct latrine with just Rs 5000 cash support.	Continuous motivation and triggering activities was done. Mobilization of community leaders, influential persons was

	also done.
Ward chairperson of Lisankhu-Pakhar RM-3 was not willing to give approval for reconstruction/ rehabilitation of Jakjok and Deutakhola water scheme. He wanted Sebac Nepal another NGOs working in WASH to cover those schemes.	With series of meeting with the chairperson and phone correspondence, he was convinced that water schemes covered by Sebac Nepal and those we were proposing was different. Hence, he agreed to provide approval.
Targeted construction activities were delayed due to festival season.	Work schedule was extended in necessary coordination with respective WUGs
Difficulty in gathering community contribution in reconstruction/ rehabilitation of water schemes as community people were busy in reconstruction of their houses damaged by earthquake	Coordination meetings were organized to convince the community people.
Beneficiaries of Patle water scheme were not willing to contribute unskilled labour.	With series of meeting with the beneficiaries and use of influential person such as ward chairperson and other elected bodies, they were convinced to contribute unskilled labour.
Targeted activities were delayed due to national and province level election	Activities were postponed and were covered up after the election
Source of Dihi water scheme dried up few months after the handover program	New source was identified and support for new intake and additional pipeline was provided.
Vendor selected for supply of construction material didn't supply the extra needed materials on time for the reconstruction of water schemes.	New vendor was selected after necessary coordination with MI.
Scarcity of skilled labor delayed the construction activity	Extension of the deadline. Use of influential person in the community to search for the skilled labour.
Low importance by elected bodies to software activities	Necessary coordination meeting to elucidate the importance of software activities were organized.
Difficult to convince community people to participate in project activities as they are busy in reconstruction of their houses.	Use of influential person in the village to convince the community people.

6) Visibility *(how did you ensure the visibility of the funding agencies?):*

Hoarding board illustrating the total expense for construction of health post and information regarding the funding organizations was installed in newly built Pangretaar Health Post Compound.

Metal etching plate displaying the information regarding the water scheme and the funding organization was installed in every water schemes.

T-shirts with logo of funding agencies were prepared and distributed to staffs as well as participants of DRR mainstreaming and O&M training.

Name of the funding organization was written in every disposal pit installed in Lisankhu and Pangretaar.

Three hoarding boards with hygiene messages and logo of funding organization were installed in bazaar areas of Lisankhu and Pangretaar.

Name of the funding organization was written in every equipment supported to the beneficiaries from DRCSP project.

Necessary coordination with MI Nepal team was done before procurement of visibility materials.

7) Coordination and Local Partners *(please describe coordination with all involved stakeholders, incl. government authorities):*

Coordination with district level line agencies was done before the initiation of project activities for the necessary approval. During the implementation as well, DHO, DDRC, D-WASH-CC were regularly coordinated.

Coordination with the local level structure was done in each and every step of the project implementation. In many instances such as during the construction of retaining wall in Pangretaar, necessary in kind support was also provided from the local level structures.

Coordination with bilateral NGOs working in WASH, DRR and Health in the project catchment area was also done to avoid duplication.

8) Reasoning/Lessons learnt *(Please describe the lessons learnt you have from this project for future projects):*

It was learnt that through effective community mobilization need of community can be addressed despite the limited budget. As in case of water scheme rehabilitation/reconstruction despite the limited budget, we could construct eight water schemes and 2035 people were benefited. This was not possible without community contribution. In each scheme, 20%-35% of the total budget has been contributed by the community people in the form of unskilled labour and locally available materials. Also, in all the schemes after the handover, the water user group is actively involved in overall protection and maintenance of the water schemes. Hence we also learnt that community contribution fosters community ownership.

We learned effective coordination plays vital role in need identification as well as in avoiding duplication. Many bilateral NGOs were already working in WASH, DRR and Health in our project catchment area. So, avoiding duplication was important as working modality of all the NGOs working there was similar to DRCSP. Hence, with regular coordination and communication, with the bilateral NGOs, duplication was avoided.

With new local level structure into existence, there was difficulty in project implementation during the transition phase. However, we regularly coordinated and communicated with the new formed ward committees and rural municipalities. And soon after, the project activities were implemented with active involvement of local level bodies. In many instances, there

was collaboration between the local bodies and DRCSP team. As in case of construction of Public Latrine, ward supported in land clearing and took the overall responsibility of maintenance of latrine. So, it was learnt that implementing project activities with active involvement of local level bodies results in efficient utilization of resources.

The latrine support activity could not be initiated on time as beneficiaries were reluctant on constructing latrines with just NRS. 5,000 cash support. However, in other partner organization of MI Nepal, the latrine construction was done in coordination with respective ward overruling the mandate from D-WASH-CC. So, the lesson learnt was sometimes we need to think out of the box as well for the implementation of project activities.

ANNEX

Annex I- List of Abbreviations

NGO	- Non Governmental Organization
DRR	- Disaster Risk Reduction
WASH	- Water Sanitation and Hygiene
VDC	- Village Development Committee
HFOMC	-Health Facility Operation and Management Committee
DHO	- District Health Office
V-WASH-CC	- Village Water Sanitation and Hygiene Coordination Committee
W-WASH-CC	-Ward Water Sanitation and Hygiene Coordination Committee
D-WASH-CC	-District Water Sanitation and Hygiene Coordination Committee
LDRMP	- Local Disaster Risk Management Plan
LDMC	-Local Disaster Management Committee
DDRC	-District Disaster Relief Committee
CBDMC	-Community Based Disaster Management Committee
DIP	-Detailed Implementation Plan
DDC	- District Development Committee

ANNEX II- Beneficiaries detail

Beneficiaries of Pangretaar Health Post Reconstruction and Equipment Support

S N	VDCs	Total HH	Total Pop	Wom en	Man	Brahm in	Chettri	Dalit	Janajati	Disabled
1	Pangretar	862	4284	2129	2155	889	1576	869	950	57

Source: VDC Profile, 2073B.S.

Beneficiaries of health equipment support

SN	Health post	Target Population	Infant	Under five population
1	Thumpakhar Health Post	6649	146	687
2	Lisankhu Health Post	2826	62	292
3	Mankha Health Post	2216	49	206

Source: Respective Health Post

Beneficiaries of water scheme

Shishibot water scheme, Pangretaar

SN	VDCs	Total HH	Total Pop	Female	Male	Brahmin /Chettri	Dalit	Disabled
1	Pangretar	106	521	253	268	303	218	6

Nardim Tothi water scheme, Lisankhu

SN	VDCs	Total HH	Total Pop	Female	Male	Janajati	Disabled
1	Lisankhu	27	122	63	59	122	0

Dumche (Sajhaban Gyalba) water scheme, Lisankhu

S N	VDCs	Total HH	Total Pop	Femal e	Male	Brahmi n/ Chettri	Dalit	Janajati	Disabled
1	Lisankhu	61	378	191	187	18	18	342	0

Dihi water scheme, Pangretaar

S N	VDCs	Total HH	Total Pop	Femal e	Male	Brahmi n/ Chettri	Dalit	Janajati	Disabled
1	Pangretar	21	99	56	43	57	0	42	0

Dhungeswara water scheme, Pangretaar

S N	VDCs	Total HH	Total Pop	Femal e	Male	Brahmi n/ Chettri	Dalit	Janajati	Disabled
1	Pangretar	74	347	170	177	239	20	88	0

Jakjok water scheme, Lisankhu

S N	VDCs	Total HH	Total Pop	Female	Male	Brahmi n/Chettri	Dalit	Janajati	Disabled
1	Lisankhu	49	296	139	157	0	0	296	0

Deutakhola water scheme, Lisankhu

S N	VDCs	Total HH	Total Pop	Female	Male	Brahmi n/Chettri	Dalit	Janajati	Disabled
1	Lisankhu	61	168	82	86	0	0	168	0

Patle water scheme, Pangretaar

S N	VDCs	Total HH	Total Pop	Female	Male	Brahmi n/Chettri	Dalit	Janajati	Disabled
1	Pangretar	23	104	51	53	104	0	0	0

Source: Door to door survey

Beneficiaries of WASH awareness campaign

S. N	VDC	Male	Female	Brahmin/Chettri	Janajati	Dalit	Madhesi	Total
1	Pangretaar	129	308	256	132	47	2	437
2	Lisankhu	206	213	21	322	75	1	419
	Total	335	521	277	454	122	3	856

Participants of Leadership and group management training

S N	Total participants	Women	Man	Brahmin/Chettri	Dalit	Janajati	Disabled
1	22	8	14	7	2	13	0

Participants of Community level hygiene promotion and behavior change session

S · N	Setting	Date	Total Participa nts	Wome n	Men	Brahmi n/Chhet tri	Dalit	Janaja ti	Disable d
1	Thulopadhera, Pangretaar	28 th February 2018	30	30	0	5	24	1	1(dumb)
2	Phuldhung tole, Lisankhu	15 th March,201 8	20	18	2	0	17	3	0
3	Kaping, Pangretaar	21 st March, 2018	25	24	1	2	22	1	0
4	Dhammai tole , Lisankhu	16 th April, 2018	28	20	8	0	4	24	0
	Total		103	92	11	7	67	29	1

Participants of DRR mainstreaming training

S.N	Name of the VDC	Total Participants	Male	Female	Brahmin/Chettri	Janajati	Dalit
1	Lisankhu -2	7	4	3	-	5	2
2	Lisankhu-3	9	6	3	2	6	1
3	Pangretaar	6	-	6	6	-	-
	Total	22	10	12	8	11	3

Participants of Operation and Maintenance training

S.N	Name of the VDC	Total Participants	Male	Female	Brahmin/Chettri	Janajati	Dalit
1	Lisankhu	11	9	2	-	11	-
2	Pangretaar	9	6	3	7	2	-
	Total	20	15	5	7	13	

Participants of School Level Hygiene Promotion and Behaviour Change Session

S. N	Name of school	Total	Male	Female	Brahmi n/ Chhetri	Janajati	Dalit	Disabled
1	Shree Mahadevsthan	33	15	18	0	33	0	0

	Basic School							
2	Shree Suryodaya Basic School	29	16	13	9	1	19	0
3	Shree Setidevi Sarada Secondary School	87	41	46	23	41	23	0
4	Shree Kaping Basic School	21	8	13	4	0	17	0
5	Shree Gaukhoreshwor Basic School	9	4	5	3	6	0	0
6	Shree Jalpa Secondary School	35	12	23	19	13	3	0
7	Shree Buddodaya Higher Secondary School	40	16	24	0	33	7	0
8	Shree Jana Sahayog Secondary School	35	23	12	2	30	3	0
9	Shree Ghichet Ussidum Secondary School	50	24	26	24	26	0	0
	Total	339	159	180	84	183	72	0

Participants of DRR Simulation Orientation

S.N	Name of School	Total	Male	Female	Brahmin /Chhetri	Janajati	Dalit	Disabled
1	Shree Setidevi Sarada Secondary School	15	7	8	6	3	6	0
2	Shree Jalpa Secondary School	12	4	8	6	3	3	0
3	Shree Buddodaya Secondary School	15	8	7	0	12	3	0
4	Shree Ghichet Ussidum Secondary School	12	8	4	6	6	0	0
5	Shree Janasahayog Secondary School	12	7	5	1	9	2	0
6	Shree Mahadevsthan Secondary School	9	4	5	0	9	0	0
	Total	75	38	37	19	42	14	0

ANNEX III List of equipments supported

List of Health Equipment Supported

S.N	Description	Unit	Quantity	V.D.C
1	Foot Steps	pcs	1	Thumpakahar
2	Cupboard	pcs	1	
3	OPD Bed	pcs	1	
4	Mayo's Trolley	pcs	1	
5	Doppler	pcs	1	
6	Stretcher	pcs	1	
7	Refrigerator	pcs	1	
8	ANC Table	pcs	1	Lisankhu
9	Otoscope	pcs	1	
10	Nebulizer	pcs	1	
11	Doppler	pcs	1	
12	Baby weigh machine (U5)	pcs	2	
13	Autoclave	pcs	1	
14	Sterilization Drum	pcs	1	
15	Chair	pcs	3	Pangretaar
16	Watch	pcs	1	
17	ANC Table	pcs	1	
18	Chair	Pcs	4	
19	Dressing set	pcs	1	
20	Otoscope	pcs	1	
21	Nebulizer	pcs	1	
22	Office Table	pcs	1	
23	Mayo's Trolley	pcs	1	
24	Doppler	Pcs	1	
25	Incinerator	Pcs	1	Mankha
26	Resuscitation bag	Pcs	1	
27	Refrigerator	pcs	1	
28	Sterilization Drum	pcs	1	
29	Dressing set	Pcs	1	
30	Curtain	pcs	1	
31	Otoscope	pcs	1	
32	IV Stand	pcs	1	
33	Incinerator	Pcs	1	

34	Mayo's Trolley	pcs	1	
35	Foreign obj treatment in	Pcs	1	
36	Nebulizer	pcs	1	
37	Autoclave	pcs	1	(from MI)

List of Search and Rescue Equipment Supported

S.N	Description	Unit	Quantity
1	Sledge Hammer (5 kg with handle)	Pcs	12
2	Wood Saw	Pcs	15
3	Hacksaw Frame	Pcs	15
4	Hacksaw Blade	Pcs	45
5	Pipe Wrench (24 inch)	Pcs	11
6	Slide Wrench (12 inch)	Pcs	11
7	Folding Stretcher (Local)	Pcs	11
8	Shovel	Pcs	21
9	Iron Chisel (12 inch)	Pcs	12
10	Combination Plier	Pcs	11
11	Tin Cutter	Pcs	12
12	Life Jacket	Pcs	5
13	Safety Helmet	Pcs	17
14	Gloves (leather)	Pcs	17
15	Head Light (160 Lumenies)	Pcs	17
16	Nylon Rope (10 m)	Pcs	30
17	Hand Mike with battery (captain)	Pcs	6
18	Crowbar (5ft long, 22mm)	Pcs	12
19	Pick tool (1.5kg with handle)	Pcs	15
20	Whistle (plastic)	Pcs	45
21	Gal small (30 inch, prey bar)	Pcs	15
22	Safety Boot	Pcs	17
23	Metal Bucket (10 Ltr)	Pcs	15

ANNEX IV Detail of coordination meetings

Date	Place	Persons met	Topics discussed	Decisions made
8 th July 2016	Chautara	Local development officer, DDC Sindhupalchwok	Thematic areas and beneficiaries of the project	Pre-consensus agreement between MI and DDC to carry out the project
27 th July 2016	Chautara	District Health Officer, Sindhupalchwok	Reconstruction of Pangretaar Health post Material support to 4 health posts.	Recommendation letter for Reconstruction of Pangretaar Health post and Material support to total 4 health post.
8 th August 2016	Pangretaar	Pangretaar Health post staffs MI	Land availability for the reconstruction of health post	Approval from Pangretaar VDC for reconstruction of Pangretaar Health post.
23 rd January, 2017	Pangretaar	Health Post representative, Ward citizen forum representative	Necessary coordination from community level during the reconstruction phase of Pangretaar Health post	Community people committed to provide necessary support and coordination during the reconstruction phase of Pangretaar Health Post.
25 th January , 2017	Pangretaar and Lisankhu	Representative from LDRMC in both VDCs	Ongoing activities under DRR sector	LDRMC has already been formed with draft LDRMP being already developed with support from Tuki association Sunkoshi in Lisankhu and Janahit in Pangretaar.
26 th January, 2017	Kathmandu	MI Nepal program team	DIP of the project	Draft DIP was formulated based on the meeting with agreement to revise the DIP quarterly
30 th January, 2017	Lisankhu	DDC representative, VDC representatives, bilateral agencies	Project activities and budget for Lisankhu VDC	Project activities and budget for Lisankhu VDC was included in Illaka level plan.
31 st January, 2017	Pangretaar	DDC representative, VDC representatives, bilateral agencies	Project activities and budget for Pangretaar VDC	Project activities and budget for Pangretaar VDC was included in Illaka level plan.
2 nd February, 2017	Pangretaar	VDC assistant, WCF representative, FCHV, Health post staff, representative from political parties,	Project activities and budget	Our project was perceived positively by the community. Formation of Pangretaar health post construction

		bilateral NGOs		and monitoring committee.
7 th February, 2017	Chautara	DRR focal person of Janahit Gramin Sewa	Ongoing activities of Janahit in DRR sector in Pangretaar	Need for further coordination once the LDRMP will be finalized.
8 th February, 2017	DHO Chautara	DHO staffs, representatives from I/NGOs working in health sector in Sindhupalchok	Programs in health sector of each I/NGO	Preparation of annual district calendar of operation.
9 th February, 2017	Chautara	DRR focal person of SABAL	Ongoing activities of SABAL in DRR sector in Lisankhu	Early warning and search and rescue training has already been conducted by SABAL in Lisankhu. Complementary conduction of project activities to strengthen the DRR capacities of Lisankhu was agreed in the meeting.
9 th February, 2017	Pangretaar	MI Nepal Program team, Health post staff and members from Pangretaar health post construction and monitoring committee.	Unavailability of land as per the specification in health post design Need of retaining wall and unavailability of budget for it.	Construction of health post close to the property line. Support of locally available construction material (sand and stone) for construction of retaining wall.
13 th February, 2017	Lisankhu	VDC assistant, WCF representative, FCHV, Health post staff, representative from political parties, bilateral NGOs	Project activities and budget Identification of water schemes and households for toilet construction support activity.	Our project was perceived positively by the community Identification 3 water schemes Formation of total sanitation monitoring committee which was assigned with the task of identification of households for toilet support
22 nd February, 2017	Chautara	Project coordinator of Janahit Gramin Sewa	Ongoing activities in DRR in Pangretaar	Preparation of LDRMP and CDRMP in Pangretaar has been completed. First Aid and search and rescue training has

				already been conducted. Two days training to members of CBDRMC on risk management prior to the formation of CBDRMP.
23 rd February, 2017	Pangretaar	V-WASH-CC, Bilateral NGOs	Identification of water schemes and households for toilet construction support activity. MoU with Pangretaar Health post.	Identification 3 water schemes Formation of total sanitation monitoring committee which was assigned with the task of identification of households for toilet support. MoU with Pangretaar health post was signed for support of locally available materials (stone and sand) for construction of retaining wall.
28 th February, 2017	Pangretaar	MI Nepal Program team and GMSP (OXFAM support)	Ongoing WASH activities of GMSP in Pangretaar	Project of GMSP (OXFAM support) will phase out after March. Pangretaar will most probably be declared ODF by March.
17 th March	MI Country Office	MI Nepal program team	DIP formulation	Discussion on draft DIP with MI program team. Necessary inputs and suggestion from MI program team to finalize the DIP.
21 st March, 2017	Chautara	WASH task force Chautara	Ongoing activities in WASH in Sindhupalchwok. Development of WASH strategy	Our project activities under WASH were included in the overall WASH activity of Sindhupalchwok district.
9 th April, 2017	Lisankhu	Consumers of Nardim Tothi water scheme	Consent of landowner to provide the source for community.	Land owner gave consent to provide the water source for community people.
19 th April, 2017	Lisankhu	Consumers of Nardim Tothi water scheme	Formation of water user group	Nine membered water user group was formed with three female members in it.
21 st April,	Chautara	Health cluster, Sindhupalchwok	Upcoming election and project activities	We were provided with a mandate to not conduct

2017				any new activities, provide materials, money or conduct mass meeting, training, orientation, or any other such activities till election.
23rd May, 2017	Lisankhu	VDC Secretary and coordinator of ward citizen forums	Identification of households for latrine support	As per our criteria 10 households were identified for latrine support.
25th May, 2017	Pangretaar	HFOMC, Pangretaar	Pangretaar health post inauguration program.	Work division for upcoming Pangretaar health post inauguration program. The committee took responsibility for management of overall program and decided to request Ward Office, Pangretaar for necessary funding. They also requested CDECf to manage refreshment for participants and the DSA and other facilities to the invited government personnel in the program.
25th May, 2017	Chautara	Chief district health officer and public health officer	Monitoring visit of Pangretaar health post	Monitoring visit was planned for 29 th May, 2017.
1 st June	Buddhodaya Secondary school, Lisankhu	School head teacher	Conduction of hygiene campaign	School agreed to provide venue and necessary support for the conduction of hygiene campaign on 16 th June.
1 st June	Dumche water scheme Lisankhu	Water user group	Unskilled labour contribution	WUG agreed to contribute unskilled labour needed for the rehabilitation of water scheme.
27 th June	Dihi water scheme Pangretar	Water user group	Need assessment	Need for intake, reservoir tank and pipeline was identified. This was yet to be verified by engineering

				survey.
3 rd July	Pangretar Health Post	Baburam Parajuli, health post in charge	Need assessment for equipment support	Need assessment for necessary equipment support was completed.
4 th July	Mankha Health Post	Mukesh Kumar Patel, health post in charge	Need assessment for equipment support	Need assessment for necessary equipment support was completed.
4 th July	Lisankhu Pakhar RM	Kamal Nepal, Chairperson of RM	DRCSP project activities	Information regarding DRCSP project activities with financial details was provided.
5 th July	Thumpakh ar Health Post	Amrit Deuja, health post in charge	Need assessment for equipment support	Need assessment for necessary equipment support was completed.
5 th July	Sunkoshi RM Office	Srawan Kumar GC (chairperson)	DRCSP project activities	Information regarding DRCSP project activities with financial details was provided.
6 th July	Lisankhu Health post	Jogendra Mandal, health post in charge	Need assessment for equipment support	Need assessment for necessary equipment support was completed.
10 th July	Chautara	MI program team	Ongoing program activities	Discussed regarding ongoing program activities Suggestions and feedback for proper planning and implementation of further project activities.
25 th July	Lisankhu, wafal	Stakeholders of Deutakhola WS	User Committee Formation	WUG with 9 members was formed. 5 membered monitoring sub-committee was formed as well.
27 th July	Pangretar, Dihi	Dihi WUG	Agreement and initiation of reconstruction work	Agreement was done with the WUG. It was agreed that

				construction activity will be started from 1 st August.
2 nd Aug ust	DCC, Sindhupalc hwok	Anirudra Nepal, DPAC focal person	Organization of DPAC meeting	It was agreed to organize DPAC meeting on 8 th August at CDECF meeting hall.
10 th Aug ust	Lisankhu Pakhar Ward-2 office	Hasta Bahadur Lama	Construction of Public latrine	Positive towards the concept.
15 th Aug ust	Patle, Pangretar	Rajesh Thapa	Regarding reconstruction of water scheme destroyed by landslide	Need for construction of reservoir tank was identified
16 th Aug ust	Gaushara, Pangretar	Dungeswara WUG members	Water scheme reconstruction	Need identification for reconstruction
17 th Aug ust	Lisankhu- Pakhar RM-3	Kaji Bahadur Lama	Approval for Jakjok & Deutakhola WS reconstruction	Approval from Ward officer
31 st Aug ust	Barhabise	MI program and finance team	Budget Shift	Suggestions to work on first budget shift draft was obtained
5 th Sept emb er	Sunkoshi RM	RM chairperson, ward chairperson, bilateral NGOs working in Sunkoshi RM	Project activities of NGOs working in Sunkoshi RM	RM agreed to provide approval letter for DRCSP project.
11 th Sept emb er	Lisankhupa khar RM-2	Ward chair person, ward secretary	Construction of public latrine	Ward agreed to take responsibility for maintenance after construction of public latrine.
18 th Sept emb er	Pangretaar Health Post	HFOMC, Pangretaar	Construction of retaining wall	Ward agreed to provide Rs.50,000 in kind support during construction of retaining wall
15 th Octo ber	Jakjok water scheme, Lisankhupa khar-3	Jakjok water scheme beneficiaries	Water user committer formation	9 membered water user group was formed.
22 nd Octo	Tuki/Sabal Office,	Tuki/Sabal team	DRR activities	CDECF will take lead in formation of LDMC in

ber	Chautara			Lisankhupakhar RM-3 and implementation of other DRR activities
23 rd October	Janahit Gramin Sewa office, Chautara	DRR team	LDRMP Pangretaar of	Selection of areas for mitigation activity based on LDRMP.
8 th November	Lisankhupakhar RM-2	Ward chair person, ward secretary	Construction public latrine of	Ward agreed to support in land clearing and construction of retaining wall.
18 th December	Sunkoshi RM-7, Ward Office	Ward chairperson, ward members, ward secretary	Need in DRR sector	Need identification in DRR.
28 th December	Sunkoshi RM-7, Ward Office	Ward chairperson, ward members	Proposed DRR activities under DRCSP	Approval of proposed DRR activities under DRCSP by ward committee.
28 th December	Sunkoshi RM-7, Ward Office	HFOMC, Pangretaar Health Post	Formal agreement	Formal agreement was done with HFOMC for construction of Retaining wall.
31 st December	Lisankhupakhar RM-2, ward office	Ward chairperson, ward members	Proposed DRR activities under DRCSP	Approval of proposed DRR activities under DRCSP by ward committee.
31 st December	Lisankhupakhar RM-2, ward office	Ward chairperson, ward members	Formal agreement	Formal agreement was done with ward committee for construction of Public Latrine.
31 st December	Lisankhupakhar RM-2, ward office	Ward chairperson, ward members	Disposal Pit	Identification public places for disposal pit installation
1 st January	Lisankhupakhar RM-2, ward office	Ward chairperson, ward members	Proposed DRR activities under DRCSP	Approval of proposed DRR activities under DRCSP by ward committee.
31 st January	DCC, Sindhupalchok	Planning Officer	Registration of water schemes	Information regarding necessary documents needed for water scheme registration was obtained.
31 st January	Sunkoshi RM-7, Ward Office	Ward chairperson,	Disposal Pit	Identification public places for disposal pit installation

9 th Febr uary	Sunkoshi RM-7, Ward Office	Ward chairperson, ward members	DRR activities under DRCSP	Identification of possible areas for support in mitigation.
11 th Febr uary	Dihi water scheme	Dihi WUG	New source for Dihi water scheme	Few nearby sources were identified and CDECF was requested to provide necessary technical support for finalization of water schemes.
11 th Febr uary	LisankhuP akhar RM- 2, ward office	Ward chairperson	Need identification for DRR equipment support	List of equipment was forwarded to CDECF.
14 th Febr uary	LisankhuP akhar RM- 3, ward office	Ward chairperson, ward members	Disposal Pit	Identification public places for disposal pit installation
22 nd Febr uary	LisankhuP akhar RM- 3, ward office	Ward chairperson	Household latrine construction	Ward agreed to provide necessary support to speed up the construction of 14 household latrine.
4 th Marc h 2018	Pangretar Health Post	Health post In charge	First Delivery from the health post.	Detail of the mother and personnel involved were obtained.
7 th Marc h 2018	Mahadevst han basic school, Lisankhu	Head Teacher	Regarding conduction of hygiene promotion and behaviour change session at schools	Date for the program was fixed.
9 th Marc h 2018	Pangretar ward office	Ward Chairperson	Regarding DRR mainstreaming training.	Assurance for participation
13 th Marc h 2018	MI Nepal Country Office	Program coordinator	Activities for next phase	Necessary support from MI Nepal program team for planning activities in next phase.
20 th Marc h 2018	Kaping, Pangretar	FCHV and mother's group	Regarding community level hygiene promotion and behaviour change session	Date and venue was fixed.
21 st Marc h	Lisankhu pakhar-2, ward office	Ward chair person	Regarding DRR mainstreaming training.	List with name of participants was provided.

2018				
23 rd March 2018	Dihi, Pangretaar	Dihi water user group	Search for new source	New source was identified.
2 nd April, 2018	LisankhuP akhar RM- 3, ward office	Ward chairperson, ward members	DRR mainstreaming training	Selection of participants to attend the training.
3 rd April, 2018	Sunkoshi RM-7, Ward Office	Ward chairperson, ward members	Follow up for DRR mainstreaming training and mitigation activities	Selection of participants to attend the training.
15 th April, 2018	Buddhodaya Secondary School, Lisankhu	Head Teacher	Gabion wall	Necessary arrangement to initiate construction of gabion wall.
20 th April, 2018	Setidevi Sarada Secondary School, Pangretaar	Head Teacher	School level hygiene promotion and behaviour change session	Date for the program was finalized
23 rd April, 2018	Kaping Basic School, Pangretaar	Head Teacher	School level hygiene promotion and behaviour change session	Date for the program was finalized
24 th April, 2018	Jalpa Secondary School, Pangretaar	Head Teacher	School level hygiene promotion and behaviour change session	Date for the program was finalized
26 th April, 2018	LisankhuP akhar RM- 3, ward office	Ward chairperson	Cash support for latrine construction	Ten households were provided with cash support as per the norms of the D-WASH-CC Sindhupalchok.
4 th May 2018	Ward Office, Pangretar	Ward Chairperson	Regarding Hoarding board and disposal pit	Installation of disposal pit and hoarding board
10 th May 2018	Ward Office, Lisankhupa kher-2	Ward Chairperson	Regarding masonry wall in front part of Public latrine	Successfully completed masonry wall in the front part of public toilet
27 th May, 2018	Lisankhupa khar RM-2	Ward Committee	Social Audit of public latrine and masonry wall	Public latrine was handed over to ward after the social audit. The social audit of stone masonry wall was also done.

ANNEX V: Picture Gallery

WASH awareness campaign at Pangretaar



Street Drama



Folk Song Competition among Mother's group



WASH awareness campaign at Lisankhu



Interschool folk song competition





Exhibition stalls



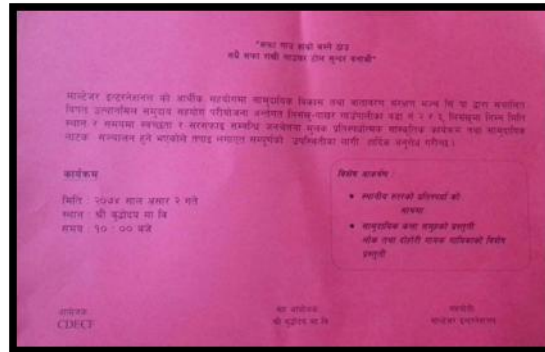
Cultural performance



Street Drama



Orientation to child club members



Pamphlet designed for the campaign



Newspaper coverage of the program



Community level hygiene promotion sessions



School level hygiene promotion sessions



Visibility



Health Post Inauguration

ANNEX VI: Map of Sindhupalchok District



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The following documents are available at the member organisation and can be checked in case of an evaluation/audit:

Obligatory:

- | | |
|--------------------------|--|
| ☐ | <i>Project Documentation (e.g. Project Description or Project Application)</i> |
| ☐ | <i>Needs assessment</i> |
| ☐ | <i>Timetable / Activity Plans</i> |
| ☐ | <i>Distribution Lists (where appropriate, in extracts only) / Handover Protocols</i> |
| ☐ | <i>Procurement Documentation</i> |
| ☐ | <i>Copies of Vouchers and supporting documents</i> |

Declaration: *The implementing member organisation herewith certifies that all allocated funds have been used exclusively for the project described in the final report. The member organisation is responsible for the implementation of the project.*

Date: 15th June, 2018

Name / Signature Alisha Angdembe
Project Coordinator